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ABSTRACT

This report compiles 6 of the 12 papers commissioned for the first Kauffman Early Education Exchange Conference in November 2001 that present the latest findings on the importance of social and emotional aspects of school readiness. The papers also provide evidence of programs that help to prepare young children for early school success. An introductory chapter, "Set for Success: Building a Strong Foundation for School Readiness Based on the Social-Emotional Development of Young Children" (Lisa G. Klein), argues that strong social-emotional development underlies all later growth and development; this introduction also summarizes the six commissioned papers, and delineates recommendations for practitioners and policymakers. Three papers address the research base connecting social-emotional development with school readiness: (1) "The Roots of School Readiness in Social and Emotional Development" (Ross A. Thompson); (2) "The Connections between Social-Emotional Development and Early Literacy" (Linda M. Espinosa); and (3) "Culture and Ethnicity in Social, Emotional and Academic Development" (Oscar A. Barbarin). Three additional papers focus on implications of research findings regarding the links between social-emotional development and school readiness for either practice or educational policy: (1) "Promoting Social and Emotional Development in Young Children: The Role of Mental Health Consultants in Early Childhood Settings" (Paul J. Donahue); (2) "Promoting Social-Emotional Development in Young Children: Promising Approaches at the National, State and Community Levels" (Roxane Kaufmann and Deborah F. Perry); and (3) "Promoting Social and Emotional Readiness for School: Toward a Policy Agenda" (Jane Knitzer). The accompanying executive summary presents the key findings and recommendations outlined in the six papers commissioned by the Kauffman Foundation. (Each paper, except the first, contains references.) (KB)

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SET FOR SUCCESS:

Building a Strong Foundation for School Readiness Based on the Social-Emotional Development of Young Children

THE KAUFFMAN
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THE KAUFFMAN EARLY EDUCATION EXCHANGE

Volume 1, Number 1
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ABOUT THE KAUFFMAN EARLY EDUCATION EXCHANGE

The Ewing Marion Kauffman Foundation created the Kauffman Early Education Exchange conference series as a forum to discuss how research, practice and policy can best prepare young children and families for later school success. The Kauffman Foundation hosts one conference a year on a selected topic related to early childhood development, family support and early education. These national conferences exchange information and scientific knowledge and discuss the implications for policy and practice toward the goal of enabling all children to enter school prepared to succeed. The conferences include presentations from leading experts and researchers who are invited to present papers written for the Exchange. The papers explore various perspectives of the issue selected for each conference. This publication is the post-conference report that features all of the papers presented at the inaugural conference. These publications are distributed to policymakers, practitioners, researchers and others engaged in advancing effective policies and programs for young children.

The inaugural Kauffman Early Education Exchange conference was held on November 12, 2001. The topic focused on the social and emotional development of young children as an essential building block to prepare for school success. The Kauffman Foundation expresses its appreciation to two individuals who helped to plan and organize this first conference: Joan Lombardi, Ph.D., Child and Family Policy Specialist, Washington, DC, who served as a planning consultant and facilitator during the conference; and Jane Knitzer, Ph.D., Deputy Director of the National Center for Children in Poverty at Columbia University, New York, NY, who served as a content expert and planning consultant.

The Ewing Marion Kauffman Foundation, 4801 Rockhill Road, Kansas City, MO 634110, publishes the Kauffman Early Education Exchange report and executive summary. (ISBN #1-891616-22-6) The Kauffman Early Education Exchange report is distributed free of charge through a controlled circulation. Opinions expressed by the writers in this report are their own and are not to be considered those of the Kauffman Foundation. Authorization to photocopy articles for personal use is granted by the Kauffman Foundation. Reprinting is encouraged, with the following attribution: From the Kauffman Early Education Exchange, a publication of the Ewing Marion Kauffman Foundation, © 2002. To be added to the mailing list for future reports, write to Kauffman Early Education Exchange, The Ewing Marion Kauffman Foundation Fulfillment Center, P.O. Box 12444, North Kansas City, MO 64116. This report and executive summary are available on the Kauffman Foundation's Web site at www.emkf.org/pages/12.cfm. Photographs that appear in this report were acquired independently of the articles and do not have a direct relationship to material discussed in each article.

The first Kauffman Early Education conference was held on November 12, 2001. Presentations included remarks from the following individuals:

FACILITATOR:

Joan Lombardi, Child and Family Policy Specialist and Director of The Children's Project, Washington, DC

PRESENTERS: The presenters who wrote papers for this first Kauffman Early Education Exchange conference were:

Ross Thompson, Ph.D., University of Nebraska, Lincoln, NE

Linda Espinosa, Ph.D., University of Missouri-Columbia, Columbia, MO

Oscar Barbarin, Ph.D., University of North Carolina, Chapel Hill, NC

Paul Donahue, Ph.D., Center for Prevention Psychiatry, Scarsdale , NY

Roxane Kaufmann, M.A., Georgetown University Child Development Center, Washington, DC

Deborah Perry, Ph.D., Georgetown University, Child Development Center, Washington, DC.,

Jane Knitzer, Ed.D., National Center for Children in Poverty, Columbia University, New York, NY

PANELISTS: A conference panel discussion about effective early education practices that promote social-emotional development included remarks from:

Dwayne Crompton, Executive Director, KCMC Child Development Corporation, Kansas City, MO

Deborah Hoskins, Community Resources Manager, KCMC Child Development Corporation, Kansas City, MO

Brenda Loscher-Hudson, Education Consultant, KCMC Child Development Corporation; Kansas City, MO

DISCUSSANTS: Four experts in the field served as discussants at the conference:

Marilou Hyson, Ph.D., Associate Executive Director of Professional Development, National Association for the Education of Young Children, Washington, DC

Tammy Mann, Ph.D., Director, Early Head Start National Resource Center, Zero to Three National Center, Washington, DC

Sandra Adams, Ph.D., Center for Prevention and Early Intervention, Florida State University, Tallahassee, FL

Jack Shonkoff, M.D., Dean, The Heller School for Social Policy and Management, Brandeis University, Waltham, MA

PLANNING TEAM: The Kauffman Early Education Exchange is planned and administered by the Kauffman Foundation Early Education Team:

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INTRODUCTION

SET FOR SUCCESS: BUILDING A STRONG FOUNDATION FOR SCHOOL READINESS BASED ON THE SOCIAL-EMOTIONAL DEVELOPMENT OF YOUNG CHILDREN

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State reports of the percentage of children that are not prepared to enter school ready to succeed range from 20% to 49%. In response, multiple federal, state, and local initiatives are aimed at promoting school readiness and academic success beginning with our youngest children and their families. In 1994, Congress enacted the Educate America Act, with the first goal being: "All children shall enter school ready to learn." The 107th Congress introduced the Foundations for Learning Act, aimed at reducing the risk of early school failure. On April 2, 2002, President Bush announced a new early childhood initiative called: "Good Start, Grow Smart," a plan to strengthen early learning in young children.

Research evidence from the National Academy of Sciences and others has demonstrated that children entering school with well-developed cognitive and social skills are most likely to succeed and least likely to need costly intervention services later through either special education or juvenile justice. The science of early childhood has repeatedly provided evidence that strong social-emotional development underlies all later growth and development. Young children who develop strong early relationships with parents, family, caregivers and teachers learn how to pay attention, cooperate and get along with others. As a result, they are confident in their ability to explore and learn from the world around them.

Stated simply, positive relationships are essential to a child's ability to grow up healthy and achieve later social, emotional and academic success.

There are, however, several challenges to translating the science into effective programs and policies that promote school readiness and success: societal beliefs about childrearing, economic deficits in the states, and the tragic events of September 11. Overall strategies for achieving the goal of preparing children to succeed include:

- ***Creating a common understanding of what good social-emotional development is and how it underlies later academic success;***
- ***Building broad-based public and political will to make the healthy growth and comprehensive development of young children a priority;***
- ***Committing public and private investment in the types of programs and policies that are proven to result in greater success for young children and families;***
- ***Building expertise for parents, families, providers and teachers in order to promote strong social-emotional development in all young children, particularly those at-risk for serious problems and delays; and***
- ***Assuring good outcomes by assessing progress and tracking indicators of social-emotional development and its relation to later school readiness and academic success.***

THE KAUFFMAN EARLY EDUCATION EXCHANGE

The Ewing Marion Kauffman Foundation sponsored the first in a series of Exchanges in Early Education in November 2001. The purpose of the series is to determine how research, practice, and policy can best prepare young children and families for later school success. The focus of the inaugural Exchange highlighted the link between social-emotional development and later cognitive development. Twelve leading experts in the field of early childhood development made presentations. This document contains the full commissioned papers from six of the 12 invited speakers.

THE RESEARCH BASE

The Exchange began with a series of papers that presented the latest scientific research and compelling evidence about what is necessary to prepare young children for school success.

THE ROOTS OF SOCIAL-EMOTIONAL DEVELOPMENT

Ross Thompson, Ph.D.

The National Academy of Sciences study "From Neurons to Neighborhoods: The Science of Early Childhood Development," reported on three qualities that children need to be ready for school: intellectual skills, motivation to learn and strong socioemotional capacity. It is the last area that is described in greater detail. School success requires young children be able to: understand their own feelings and the viewpoint and feelings of others, cooperate with both peers and adults, resolve conflict successfully and control their own behavior. Evidence shows that young children who have established positive relationships with parents, caregivers and teachers are secure and confident in exploring new situations and mastering learning challenges.

THE CONNECTIONS BETWEEN SOCIAL-EMOTIONAL DEVELOPMENT AND EARLY LITERACY

Linda Espinosa, Ph.D. and Rebecca McCathren, Ph.D.

During the first year of life, joint attention occurs between mother or caregiver and child when the infant and adult are interacting and establish the earliest stage of pre-language communication. For preschoolers, play is the best way young children develop pre-literacy language and communication. As they grow, the adults who care for them and their attitudes, beliefs and level of literacy influence children's exposure and interest in reading. The literature provides compelling evidence that nurturing relationships and responsive social environments set the stage for language and literacy as children grow and mature.

CULTURE AND ETHNICITY IN SOCIAL, EMOTIONAL, AND ACADEMIC DEVELOPMENT

Oscar Barbarin, Ph.D.

Stressors facing many poor children of color that limit their ability to successfully cope include: early deprivation or trauma, family instability or conflict, involvement in the child welfare system, and neighborhood danger and limited resources. Evidence also shows that many children experiencing problems in social-emotional functioning are also experiencing delay in the acquisition of early academic skills. Early identification of mental health problems in ethnic minority children coupled with effective referral and service delivery has long-term implications for preventing academic failure.

IMPLICATIONS FOR PRACTICE

The second series of papers focus on the implications for programs and strategies for practice to promote positive early relationships and to intervene when young children are at risk or experience emotional and behavioral problems.

PROMISING SOCIAL-EMOTIONAL DEVELOPMENT IN YOUNG CHILDREN: THE ROLE OF MENTAL HEALTH CONSULTANTS IN EARLY CHILDHOOD SETTINGS

Paul Donahue, Ph.D.

With more than 60% of children under age six in some form of child care, it is clear that early childhood educators play a major role in shaping young children's social, emotional and cognitive development. Science reveals that our youngest children experience anywhere from mild to severe mental health problems. Early childhood programs have become logical places to establish partnerships between mental health professionals, teachers, families and children. A collaborative model of mental health consultation in preschool settings provides both prevention and intervention to families in safe, trusted and easily accessible environments. Mental health consultation provides preventative services to help families support their child's full development. In addition, intervention services support at-risk children and families and those already experiencing problems such as depression or behavior problems before they lead to academic delay.

PROMOTING SOCIAL-EMOTIONAL DEVELOPMENT IN YOUNG CHILDREN: PROMISING APPROACHES AT THE NATIONAL, STATE AND COMMUNITY LEVELS

Roxane Kaufmann, Ph.D. and Deborah Perry, Ph.D.

Head Start and Early Head Start are national early childhood programs that include prevention strategies for building strong social-emotional development in young children and helping families cope with increasing stress. Starting Early Starting Smart (SESS), an initiative between the Casey Family Foundation and the Substance Abuse and Mental Health Services Administration (SAMHSA), is a demonstration effort in nine states that integrates behavioral health services into accessible, non-threatening setting where families usually take their children like early education settings and pediatric health care facilities. Vermont, the only state to build a statewide system of mental health services and supports, has integrated these services into the early child-serving system to promote the well-being of young children. The city of San Francisco has pooled more than $2 million to provide mental health consultation services to more than 50 child care centers and more than 100 family child care homes. These represent a few of the examples of programs that promote both the social-emotional and cognitive development of young children.

IMPLICATIONS FOR POLICY

The final paper outlines a policy agenda for enhancing school readiness built on the recognition that success is determined by social, emotional and cognitive competencies in young children.

PROMOTING SOCIAL-EMOTIONAL READINESS FOR SCHOOL: TOWARD A POLICY AGENDA

Jane Knitzer, Ph.D.

Despite the extensive knowledge about how early relationships set the stage for later academic achievement, it can be challenging to find easy language to explain the importance of social-emotional development and mental health of young children to the general public and policymakers. In addition, very few policies provide direction or resources for linking social-emotional development with later cognitive development. Given the current economic environment at the federal and state levels, most of the policies that do exist are under-funded and do not provide resources necessary to implement the practices that science has shown lead to both positive social-emotional development and later school success. However, there is an opportunity to build on the federal agenda on school readiness. The Foundations for Learning Act introduced by Congress is intended to prevent school failure and provides for some social-emotional services for young children and families. The characteristics of policies that promote the well-being of children socially, emotionally and cognitively include:

- enhancing the well-being of all children, particularly those at highest risk;
- helping parents become more effective nurturers of their children;
- expanding the competencies of other caregivers and teachers to manage and prevent social and behavioral problems; and
- ensuring that more seriously troubled children and families receive appropriate services.

RECOMMENDATIONS

The time is right to build on the knowledge base and current initiatives targeting school readiness and success for young children and families. In order to accomplish these goals, the following recommendations are made:

- ***Social-emotional development and academic achievement are not separate priorities, rather they must be understood as representing the continuum of development that is needed for children to grow up healthy and succeed in school.***
- ***The knowledge base linking social, emotional and cognitive development exists but needs to be more broadly disseminated to parents, teachers, caregivers and policymakers in order for public investment to be made in programs and practices proven to help young children succeed in school.***

- ***Programs need to provide training and education to promote social-emotional development and the importance of strong relationships between young children and their families, their teachers and their caregivers if young children are to succeed without the need for costly interventions in special education or juvenile justice.***
- ***Mental health services offered to children and families in familiar, trusted, non-threatening community-based settings such as child care, schools, community centers can be a prevention opportunity to help promote strong social-emotional and cognitive development as well as an intervention service to those children and families at risk for developing delays or serious problems that will deter later achievement and success.***
- ***Policies that enhance the social, emotional and cognitive well-being of infants, toddlers, preschoolers and their families must be a priority and receive appropriate public investment in order to achieve the goal of children entering school ready to learn and succeed.***

THE VIEW FROM RESEARCH

The Roots of School Readiness in Social and Emotional Development

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Carl A. Happold, Distinguished Professor of Psychology

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The Connection Between Social-Emotional Development and Early Literacy

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Culture and Ethnicity in Social, Emotional and Academic Development

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THE VIEW FROM RESEARCH

THE ROOTS OF SCHOOL READINESS IN SOCIAL AND EMOTIONAL DEVELOPMENT

ROSS A. THOMPSON, PH.D.

WHAT ARE THE QUALITIES THAT YOUNG CHILDREN NEED TO BE READY FOR SCHOOL?

- The first are INTELLECTUAL skills. When preschoolers have learned how printed letters relate to sounds and words, can use simple number concepts, and can express themselves clearly with language, it provides a foundation for learning in the primary grades.
- A second feature of school readiness are MOTIVATIONAL qualities. Young children should arrive at school excited about learning, curious and confident in their ability to succeed, and convinced that school is important to them and their future. These qualities provide children with the receptivity to learning opportunities that is essential to school success.
- A third quality of school readiness is SOCIOEMOTIONAL. Learning is not an isolated activity but occurs among peers with the guidance of an adult teacher. School success requires that children are capable of understanding other peoples' feelings and viewpoints, cooperating with adults and peers, exercising emotional and behavioral self-control, and resolving disagreements constructively. These qualities ensure that children can participate in learning alongside others.

When these three qualities of school readiness — intellectual, motivational and socioemotional — are considered together, they portray a child who is prepared to learn (National Educational Goals Panel, 1997). Yet many children arrive at school intellectually unprepared for new learning, and many more arrive socially and emotionally unprepared for the classroom. This is a special concern for children from stressful, socioeconomically disadvantaged circumstances who are at risk of emotional and social difficulty, and who are thus in greater danger of problems when they reach kindergarten (Brooks-Gunn, Duncan, & Aber, 1997; Dodge, Petit, & Bates, 1994).

WHEN THESE THREE QUALITIES *of school readiness — intellectual, motivational and socioemotional — are considered together, they portray a child who is prepared to learn*

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School readiness derives from many influences in the home, child care, community and elsewhere. Although the home is the primary setting where school readiness develops in young children, child care experiences are also important (especially for children who spend considerable time in these settings). The community also is influential for the resources and support it provides children and their families. The intellectual preparation of young children for school is central, of course, but is also the easiest for kindergarten teachers to remedy because they are accustomed to working with children with varying cognitive capabilities and skills. By contrast, kindergarten teachers report that they are most concerned with children who lack the motivational and socioemotional qualities of school readiness, because it is more difficult to assist children who are not interested in learning, lack confidence in their success, or incapable of cooperation and self-control (Lewit & Baker, 1995; Rimm-Kaufman, Pianta, & Cox, 2000). In the words of one teacher, the problem is that "the kids are sad, mad and bad, it's not that they can't add."

Kindergarten teachers understand that it is difficult to educate young minds when children have not developed the social, emotional and self-regulatory capacities that are required in the classroom. It is not simply that it is easier to teach young children who are cooperative, sociable and listen carefully. Rather, children's successful transition to kindergarten and their subsequent academic success hinge critically on the relationships that children develop with their teachers and peers, their capacities to cooperate and resolve conflict successfully in the classroom, and their successful participation in group learning activities (Ladd, Birch, & Buhs, 1999; Ladd, Buhs, & Troop, in press; Ladd & Price, 1987). In one study, conflict in the relationships between kindergarten teachers and children predicted children's academic performance and behavior problems through eighth grade (Hamre & Pianta, in press). Because young children's social and scholastic lives are linked in kindergarten, early social and emotional development is an important determinant of school readiness. This is consistent with the science of early childhood development, which shows clearly that intellectual, socioemotional and physical development are intertwined and complementary features of the young child's growth (National Research Council, 2001).

> THE KIDS ARE *sad, mad and bad, it's not that they can't add.*

This paper summarizes the foundations of early social and emotional development with respect to school readiness. The discussion begins with children's relationships with their parents, childcare providers, and other adults who matter to them. Developmental scientists have found that child-adult relationships provide a psychological foundation for many of the socioemotional qualities that underlie school readiness, and the discussion will explain how. Next, some of the central accomplishments of early social and emotional development are profiled: understanding other people, self-understanding, emotional growth, self-control, conscience development and the emergence of peer relationships.

The preschool years are a pivotal period for each of these accomplishments, and the relevance of each achievement to the qualities that constitute school readiness is also described. Finally, studies of the origins of school readiness are surveyed. These underscore the importance of the relationships that children share with parents, caregivers and with the teachers and peers who are part of their earliest school experiences. They also show how school readiness is not just a quality of the individual child, but of the child in interaction with particular people in a specific academic context. These conclusions are summarized with respect to how best to ensure school readiness in young children.

BECAUSE YOUNG CHILDREN'S *social and scholastic lives are linked in kindergarten, early social and emotional development is an important determinant of school readiness.*

RELATIONSHIPS

Relationships have been described as the "active ingredients" of healthy psychological development in the early years (National Research Council and Institute of Medicine, 2000). Why is this so? Simply put, relationships are the prism through which young children learn about the world, including the world of people and of the self. A baby's excited exploration of new places is predicated on the companionship of a trusted adult who provides a "secure base" for the child's discoveries. A toddler who looks up expectantly toward a parent when encountering an unexpected event depends on the adult's emotions for guidance about how to respond. A preschooler shows a drawing to a caregiver, and the adult's response elicits the child's feelings of pride (or shame) in the achievement, and the motivation to achieve more. A 5- or 6-year-old is excited about going to kindergarten because of the parent's pleasure and pride in their doing so. Young children depend on their relationships with adults to tutor them about themselves and the world they inhabit.

RELATIONSHIPS ARE THE PRISM *through which young children learn about the world, including the world of people and of the self.*

Relationships make people matter. The people who matter to a young child are those who know the child well, and whom the child knows well and can trust. This is the result of relationships. But relationships make people matter in another way also. Relationships cause young children to care about people by establishing the human connection between self and others. As a consequence of relationships, children seek to understand the feelings of others, people's thoughts and expectations, and the importance of cooperation and sharing. The human connection afforded by close relationships causes young children to develop psychological understanding, absorb the values of the culture and strive to become competent in ways that others are. Through relationships, young children also learn about who they are, especially as it is revealed in the ways they are seen by people who matter to them.

This is why the quality of early relationships are a far more significant influence on early learning than are educational toys, preschool curricula or Mozart CDs. Relationships guide how young children learn about the world, people and themselves.

Relationships are important, but as with adults, they vary in their quality. Developmental scientists commonly view the quality of early relationships in terms of the ***security or insecurity*** they afford the child (Cassidy & Shaver, 1999; Colin, 1996; Thompson, 1998, 1999). Although virtually all infants and young children develop deep emotional attachments to those who care for them within and outside the home, they differ in the confidence or security they experience in these relationships. Secure attachments arise from the warmth and sensitivity of an adult's care, and insecure attachments derive from care that is less reliable, consistent or supportive of the child. As a result, the extent to which young children rely on their caregivers, especially in challenging or threatening circumstances, is based on the support they have received from these adults in the past. Attachments develop during the first year and have a continuing influence on psychological development throughout childhood — and indeed, throughout life. Young children develop emotional attachments to their mothers and fathers, of course, as well as to other adults who regularly care for them — including child care providers (Berlin & Cassidy, 1999; Howes, 1999) — although attachments to parents remain preeminent.

Secure or insecure attachments have consequences for many aspects of early development, whether those attachments are with parents or other caregivers. Even in infancy, securely attached children can be easily distinguished from insecurely attached children because of their ***more confident exploration of new situations*** and their ***more competent mastery of learning challenges*** (Arend, Gove, & Sroufe, 1979; Matas, Arend, & Sroufe, 1978). At later ages, securely attached young children have been found to have a more balanced ***self-concept*** (Cassidy, 1988; Verschueren, Marcoen, & Schoefs, 1996), more advanced ***memory*** in certain domains (Belsky, Spritz, & Crnic, 1996; Kirsh & Cassidy, 1997), more sophisticated ***emotional understanding*** (Laible & Thompson, 1998), a more positive understanding of ***friendship*** (Cassidy, Kirsh, Scolton, & Parke, 1996; Kerns, 1996), and more advanced ***conscience development*** (Kochanska, 1997; Laible & Thompson, 2000). Attachment theorists believe that these outcomes arise because of how a secure (or insecure) attachment influences a young child's developing understanding of emotion, morality, friendship and other psychological facets of human interaction. Caregivers influence children in many ways besides the security they inspire, such as in the opportunities they provide for new learning and acquiring new skills. But the research on early attachments not only underscores how early relationships are indeed the "active ingredients" of healthy psychological growth, but shows how the security or insecurity inspired by these relationships has far-reaching effects on young children's socioemotional, intellectual and personal development.

UNDERSTANDING OTHER PEOPLE

One of the most important achievements of early childhood is a growing understanding of the inner, psychological world of people. Contrary to the traditional portrayal of preschoolers as egocentric and self-preoccupied, young children have a very *non*-egocentric interest in how the needs and desires, beliefs and thoughts of others compare with their own. It is reasonable that they should be so interested, because understanding other people relies on an appreciation of how invisible psychological states (desires, feelings, thoughts, expectations) underlie behavior. But because internal thoughts and beliefs are invisible, this understanding is difficult to acquire. Infants show a dawning appreciation of internal states when they seek to redirect a caregiver's attention through piercing shrieks or grunts, and toddlers exhibit a more advanced understanding when they consult a caregiver's facial expressions for cues about how to respond in an uncertain or unfamiliar situation (such as when encountering an unfamiliar person) (Feinman, 1992). At the same age, very young children also use their inferences about an adult's intentions when learning words (Baldwin & Moses, 1994), and their earliest words often make reference to desires, perceptions, emotions, needs and other internal states in themselves or others (Bartsch & Wellman, 1995).

The most significant advances in psychological understanding occur between the ages of 3 and 4 (Bartsch & Wellman, 1995; Flavell & Miller, 1998). By age 3, building on the achievements described above, young children have begun to grasp that behavior can be understood in terms of people's desires, intentions, needs and feelings. During the next year or so, this understanding expands significantly to include an awareness that people are also guided by thoughts, ideas and beliefs that may — or may not — be accurate. For the first time, young children realize that people's mental states may not always be an accurate depiction of reality. People can be mistaken, fooled or ignorant.

THE MOST SIGNIFICANT ADVANCES *in psychological understanding occur between the ages of 3 and 4.*

YOUNG CHILDREN *have a very* ***non****-egocentric interest in how the needs and desires, beliefs and thoughts of others compare with their own.*

This transforms how children interact with people in several ways. First, it enables children to have a far richer appreciation of what is going on in the minds of other people — and also their own minds. This enables young children to better ***understand and cooperate;*** it also permits greater ***deception and manipulation,*** as children gradually appreciate that the contents of their own minds need not always be disclosed, and the contents of others' minds can be deliberately altered. Second, it enhances young children's awareness that disagreements and conflict may arise because people's goals, beliefs and understanding are discordant. Not surprisingly, therefore, young children also become more adept at resolving conflict between themselves and other people through ***compromise, turn-taking, persuasion and even humor.*** Third, the young child's relationships with others, especially adults, also change because children can understand and balance others' goals and viewpoints with their own, and this enables the kind of ***shared understanding*** from which new learning can arise. Taken together, the growth of young children's capacities to understand other people makes them ***more competent social partners,*** ready for the social opportunities and challenges of a classroom that is shared with an adult teacher and many peers.

SELF-UNDERSTANDING

Early childhood is also when young children begin to define who they are: their likes and dislikes, their characteristics and their competencies. This, too, is a challenging accomplishment because psychological attributes of the self are invisible, and require the child to begin to perceive the self as an object of analysis. In infancy and toddlerhood, the prerequisites for self-understanding are established as infants enjoy the experience of "making things happen" on their own, and toddlers become capable of physical self-recognition. Moreover, as young children gradually develop an awareness that other people have mental and emotional states that differ from the child's own, they realize that they, too, have subjective experiences that can also be shared with (or withheld from) others (Cicchetti & Beeghly, 1990; Kopp & Brownell, 1991).

Self-understanding advances significantly in the second and third years, and this is evident in the charming and frustrating characteristics of this age: young children who insist on "doing it myself" and ***refusing assistance,*** an increase in ***verbal self-reference*** (e.g., "I want," "mine," "Me big!"), and the emergence of ***self-referential emotions*** like pride, shame, guilt and embarrassment that reflect the emotional dimensions of perceived competence or incompetence (Bullock & Lutkenhaus, 1990; Stipek, Gralinsky, & Kopp, 1990). These features of emergent self-understanding share in common the social arena in which young children assess, improve and demonstrate their competencies, and underscore how significant are the evaluations of caregivers (explicit and implied) in the young child's emerging self-understanding and self-esteem (Stipek, Recchia, & McClintic, 1992). Consistent with classic theories of the "looking-glass self," young children evaluate themselves through the reflected evaluations of people who matter to them, whether of a grandparent who applauds the child's made-up song or a busy parent who does not notice the shoes that have been painstakingly tied for the first time.

SELF-UNDERSTANDING *advances significantly in the second and third years.*

After age 3, another milestone in self-understanding is the emergence of ***autobiographical memory*** (Howe & Courage, 1993; Welch-Ross, 1995). Prior to this time, young children can remember events from the past, but now children begin to remember events because of their personal significance, and they retain stories from their past that they can share with others. This sharing is important because, as young children talk about recent events, their caregivers add their own embellishments and details that help to consolidate the child's personal memory and to underscore its significance (Miller, Potts, Fung, Hoogstra, & Mintz, 1990; Nelson, 1993). In doing so, of course, caregivers also portray the child in dispositional and evaluative ways (e.g., as naughty or clever) that may not have been part of the child's initial recollection but is likely to become incorporated into the child's own representation of the event. In this manner, therefore, the self-understanding that arises from autobiographical memory incorporates the parent's own beliefs about the child's characteristics, capabilities and attributes (Thompson, 1998).

YOUNG CHILDREN EVALUATE *themselves through the reflected evaluations of people who matter to them.*

It is unsurprising, therefore, that by the close of the preschool years, young children can describe their own personalities, ***and they do so in ways that resemble their mother's perceptions of them*** (Eder, 1990; Eder & Mangelsdorf, 1997). Although preschoolers are natural optimists with regard to their abilities — believing that they are capable of success at tasks at which they have just failed, simply by trying again and trying harder (Stipek, 1992) — this sunny self-regard can be easily undermined by social evaluations that are denigrating or dismissive. From early childhood arises, therefore, the rudiments of self-concept which motivate excitement about learning and growing competency, and are a foundation for a young child's self-awareness as competent or incompetent, bright or slow, and prone to success or failure.

YOUNG CHILDREN *can describe their own personalities.*

EMOTIONAL GROWTH

Emotions color the experience of every young child, whether the emotions consist of exuberant delight, frustrated fury or anguished distress. There are significant advances in emotional development from infancy to kindergarten that offer a window into the psychological growth of the child (Saarni, Mumme, & Campos, 1998; Thompson, 1999b). Newborns' emotions are evoked by their ***physical condition:*** whether they are hungry, cold or hot, or too tired. By contrast, preschoolers' emotions are tied to their ***psychological condition:*** how they interpret their experiences, what they think others are doing or thinking and their expectations of future events. In early infancy, emotions can be ***all-consuming*** and are not easily managed by the child or, for that matter, by parents. But by the end of the preschool years, young children are capable of anticipating and talking about their emotions and those of others, and can begin to enlist ***psychological strategies to manage their feelings.*** A baby's emotional repertoire is ***basic,*** ranging from cooing to crying, and shaped by temperamental individuality. By kindergarten, children have become capable of ***self-referential emotions*** like pride, shame, guilt and embarrassment, can feel ***empathy*** for other people, and experience more subtly ***nuanced blends of feelings*** (such as the combination of anger and fear) that are tied to their developing personalities. Children beginning school are emotionally more sophisticated people than they were only a few years earlier.

BUT YOUNG CHILDREN *require the assistance of adults in understanding and interpreting their feelings.*

The emotions a child feels and observes in others are visible and apparent, by contrast with underlying thoughts and beliefs. But young children require the assistance of adults in understanding and interpreting their feelings. Parents guide children's understanding of the causes and consequences of emotions, coach children concerning the emotional behavior that is appropriate in social situations, and provoke the feelings of pride, guilt and shame that underlie self-concept (Brown, Donelan-McCall, & Dunn, 1996; Miller & Sperry, 1987; Stipek, 1995). Thus young children's understanding of emotion and its effects depends on what they learn from their conversations with parents about the feelings they experience in themselves and observe in others. The broader emotional climate of the home also guides early emotional growth (Gottman, Katz, & Hooven, 1997). The quality of the home emotional climate is a special concern when young children grow up in homes rent by marital conflict (Cummings & Davies, 1994), the parent's affective disorder like depression (Zahn-Waxler & Kochanska, 1990), parental substance abuse problems, or parent-child relationships are abusive or coercive (Patterson, DeBaryshe, & Ramsey, 1989). In these circumstances, healthy early emotional growth is impaired by overwhelming emotional demands and inadequate support from parents and other caregivers in coping.

This is important because ***recent studies show how significantly young children are capable of deep sadness and grief, overwhelming anger and other emotions that researchers previously believed that young children were incapable of experiencing.*** Developmental scientists now recognize that the origins of depression and affective disturbances, enduring conduct and behavioral problems, and heightened anxiety are often found in emotional disturbances in the early years (Cassidy, 1995; Shaw, Keenan, & Vondra, 1994; Zahn-Waxler & Kochanska, 1990). These early risks for emotion-related psychopathology are heightened in family environments that are abusive, troubled or coercive for young children. Because of their reliance on the emotional support of their caregivers for understanding and managing their feelings, troubled parent-child relationships make young children particularly vulnerable to emotion-linked disorders. These problems can also prove to be significant challenges for school readiness when children reach kindergarten.

THESE EARLY RISKS *for emotion-related psychopathology are heightened in family environments that are abusive, troubled or coercive for young children.*

SELF-CONTROL

Early childhood is when young children begin to manage their impulses, desires and emotions. This developmental process is inaugurated in early childhood by emerging brain capacities in the prefrontal cortex (Diamond & Taylor, 1996; Gerstadt, Hong, & Diamond, 1994). How these capacities develop depends also on the social context. Although preschoolers have far to go in achieving successful self-control, they are becoming more capable of regulating their behaviors, managing their emotions and focusing their attention by the time they reach school.

Both parents and children are ready for this to occur. For young children, self-control is a reflection of being "big" and competent, and during the preschool years children acquire many of the psychological capacities for self-control, including the ability to remember and apply standards of conduct, and to be self-monitoring and self-correcting (Kopp, 1982). Parents, too, are ready for young children to exercise self-control with respect to safety, consideration for others and self-care, and parents gradually increase their expectations for young children's self-control while using parenting strategies that rely on the child's cooperation (Belsky, Woodworth, & Crnic, 1996). The juxtaposition of child and family interest in the development of self-control does not mean that all goes smoothly, however. At the same time that they are becoming more self-managing, young children are also seeking greater autonomy, which means that they are increasingly likely to refuse parents before they comply, and to negotiate, compromise, delay, ignore and exhibit other forms of self-assertion — consistent with parents' portrayal of the "Terrible Twos" (Kuczynski & Kochanska, 1990; Kuczynski, Kochanska, Radke-Yarrow, & Girius-Brown, 1987). All of this makes the second and third years of life especially significant for the growth of self-control and of conscience development. When all goes well, parents can sensitively balance a child's need for autonomy and cooperation in a psychologically constructively manner, but too often young children's refusals yield parental coercion and punitiveness.

EARLY CHILDHOOD *is when young children begin to manage their impulses, desires and emotions.*

A YOUNG CHILD'S *capacities for emotion regulation rely on the support of caregivers*

The growth of ***emotion regulation*** is an especially salient feature of the growth of self-control in the preschool years because of its importance to social competence, self-confidence and maintaining feelings of well-being. Although managing emotions is a life-long challenge, young children develop a variety of strategies for doing so, such as by seeking the comfort of a caregiver, shifting attention away from distressing events (or toward pleasurable ones), self-soothing, changing goals, verbalized self-reassurance and related behavior (Thompson, 1990, 1994). A young child's capacities for emotion regulation rely on the support of caregivers who provide soothing when it is needed, suggest alternative goals when initial goals are frustrated, and provide reassurance that things will get better. Parents and other caregivers also coach children in strategies for managing their emotions appropriate to the situation, whether it involves comforting a distressed friend, learning to take turns or expressing anger with words rather than by hitting. More broadly, the security and trust that has developed between young children and their caregivers provides children with the confidence that their feelings are manageable and not overwhelming, frightening or confusing. However, when family life is troubled, children may experience emotions as overwhelming because of the emotional demands of family dysfunction, together with the limited support that parents can provide in managing these feelings.

GETTING ALONG WITH OTHERS: EARLY CONSCIENCE

Learning how to get along with others integrates and builds on the developmental accomplishments described above. This is why it is such a challenging task for young children. Learning how to get along with others requires sophisticated skills of social understanding. It requires the self-awareness of appreciating how one's goals interact with those of others. It requires skills of emotional understanding and emotion regulation, together with capacities for self-management in accord with behavioral standards. Conscience requires that young children become capable of understanding, as well as complying with, others' expectations for them. ***It is little wonder, therefore, that young children's capacities for cooperation, conflict management, and moral compliance are so easily exceeded by the challenges of everyday life.***

Yet young children make remarkable strides in conscience development, especially late in the preschool years. Contrary to the traditional view that young children are self-concerned and respond best to the enforcement of behavioral standards through firm discipline, children are highly motivated to cooperate because of their relationships with caregivers (Kochanska & Thompson, 1997). Their emotional attachments to people who matter cause young children to care about the expectations of others and, on most occasions, seek to comply. Within the context of a warm relationship, the behavioral standards of trusted adults, their explanations for these expectations, and their rewards for compliance provide a foundation for conscience development (Belsky et al., 1996; Dunn, Brown, & Maguire, 1995). The young child's capacity to empathize with the feelings of others provides another emotional resource for conscience development (Zahn-Waxler & Radke-Yarrow, 1990). By contrast, when punitive coercion substitutes for relational incentives, young children are often compliant but do not as readily attain the concern for the others that is the true heart of moral awareness.

CHILDREN ARE *highly motivated to cooperate because of their relationships with caregivers*

PEER RELATIONSHIPS

Relationships with peers provide the most stringent tests of a young child's ability to get along with others. Conflict as well as cooperation occurs during peer encounters, peaking between the ages of 2 and 3 because young children lack the social understanding necessary to easily resolve disagreements at these ages (Hay & Ross, 1982). As children mature, they become more adept at playing with peers in more complex ways, in larger groups and in resolving conflict (Garvey, 1990). Experience helps. Children play more cooperatively with familiar than unfamiliar peers, and children with extensive experience in child care tend to be more cooperative and positive with peers than those without such experience, ***when the child care is of good quality*** (Howes, 1990; Phillips, McCartney, & Scarr, 1987).

Caregivers are important to the development of peer social skills. Parents who actively encourage social competence, provide warmth and support to their offspring and provide many opportunities for young children to play with others have children who get along better with other children (Goodnow, Knight, & Cashmore, 1985; Rubin, Mills, & Rose-Krasnor, 1989). Likewise, when young children are securely attached to their child care providers in stable relationships, children are more socially competent with adults and with peers (Howes, Matheson, & Hamilton, 1994; Howes, Phillips, & Whitebook, 1992; Peisner-Feinberg, Burchinal, Clifford, Culkin, Howes, Kagan, Yazajian, Byler, Rustici, & Zelazo, 2000). ***Child care quality is important:*** secure relationships with care providers have significant benefits for early social development in centers of good quality.

THE QUALITY OF *children's peer relationships in preschool is a significant determinant of their adjustment to kindergarten*

Thus children arrive at school with social skills, derived from a history of peer interactions, child care experience and the contributions of parents that strongly influence their capacities to function well in a classroom with other children. Indeed, the quality of children's peer relationships in preschool is a significant determinant of their adjustment to kindergarten, because the positive or negative social skills that children have acquired in early childhood shape the relationships they develop with adults and peers in the kindergarten classroom (Ladd & Price, 1987).

RELATIONSHIPS AND EARLY LEARNING

In this overview of early social and emotional development, the intersection of a young child's readiness to grow and an adult's nurturant support is apparent in every aspect of social and emotional development. It is also clear with respect to early learning. Young children are human sponges for new knowledge, and adults do so much to saturate them with opportunities for learning and understanding. Here again, relationships are central.

YOUNG CHILDREN ARE *human sponges for new knowledge, and adults do so much to saturate them with opportunities for learning and understanding. Here again, relationships are central.*

In everyday circumstances, sensitive adults at home and in child care do so much to stimulate early learning. They structure shared activity — whether working on a jigsaw puzzle, reading a storybook, or preparing a recipe together — to enable a young child to develop new skills with supportive assistance. They arrange the daily schedule to provide predictable routines that provide a scaffold for memory. They converse with young children — almost from the time that children can make any meaningful verbal contribution to "conversation" — in ways that help them to understand the events they observe and experience. In doing so, they provide a window into the invisible psychological experience of people, including the child's own thoughts, feelings, impulses, motives and goals.

Most important, by remaining attentive and responsive to the child's changing interests, sensitive adults capitalize on what has captivated a young child's attention at the moment and use it as an opportunity to instill new understanding. All of this is influential because of the warm, positive relationship that makes these learning incentives salient and meaningful to young children. It is because of their relationships with adults who value learning that children also value learning and becoming competent individuals. In a sense, this is why shared activity with a trusted caregiver is so much more influential in early intellectual growth than is an instructional video, computer program or educational toy. People provide individually tailored interaction from which young children can benefit, and the child's relationship with the person instills their shared activity with greater meaning.

IT IS BECAUSE OF THEIR RELATIONSHIPS *with adults who value learning that children also value learning and becoming competent individuals*

This has been found to be true of a child's experience at home, and also of young children's experiences with caregivers in child care centers. High-quality care in early childhood is associated with enhanced intellectual growth that can persist into the school years (NICHD Early Child Care Research Network, 2000; Piesner-Feinberg et al., 2000). As with mother care, child care providers who are more sensitively responsive and who offer greater verbal and intellectual stimulation enhance the cognitive development of the children in their care (Lamb, 1998). In a sense, the same qualities of caregiving that instill trust, confidence and competence in young children at home have the same outcomes in the relationships that children share with their child care providers.

SOCIAL AND EMOTIONAL FOUNDATIONS OF SCHOOL READINESS

At least two conclusions arise from the research on early social and emotional development summarized above. First, the preschool years are a period of considerable growth in the psychological foundations of school readiness. Besides the core cognitive capabilities that develop in early childhood, advances in the child's understanding of other people, self-understanding, emotional growth, self-control, conscience and peer relationships provide an essential bedrock of skills necessary for learning in the classroom. Young children with positive early experiences are well-prepared to be attentive, cooperative, motivated to succeed and capable of working with others.

Second, supportive relationships are the common core ingredient of positive early social and emotional development. More specifically, the science of early childhood development shows that:

- ***The quality of relationships with parents are significant and primary.*** Owing to the deep emotional attachments of young children, the security (or insecurity) of these relationships influence how children see themselves and other people. Parents guide the earliest forms of self-understanding and self-concept that make children confident in exploring and learning by how they respond to the child's achievements and misbehavior. Parents influence the development of capacities for self-management, emotion regulation and cooperating with others through instruction, support and example. Parents shape the growth of social skills through opportunities for the child to interact with other people (including peers) and gentle coaching in social competence. Parents provide learning opportunities through everyday experiences that they sensitively exploit to promote new understanding. Warm, nurturant, sensitive parenting is a cornerstone of healthy social and emotional development because of how parent-child relationships tutor a young child about the world they inhabit.
- ***The quality of child care, and the caregiver-child relationship, are significant influences on social and emotional development.*** Although studied less extensively than experiences at home, it is clear that experience in child care has far-reaching consequences for early development. As parents do at home, child care providers also influence the growth of self-concept, social skills and capacities for emotion regulation, and child care may be an especially important context for learning how to get along with peers as well as adults. The quality of the relationships between caregivers and children are crucial to the benefits of child care, just as they are crucial to the impact of experiences at home. Moreover, the broader quality of the child care setting is also an important influence on social and emotional development because of how child care quality indexes the opportunities provided for new learning, support for constructive peer play and manageable, predictable routines and emotional demands on children.

- ***Young children have a strong intrinsic drive toward healthy development, but it can be undermined by troubled relationships with the people who matter to them.*** These risks have been noted in the preceding review, and include punitive, denigrating parenting; family environments characterized by marital conflict, violence, and/or adult affective disorders; child care settings of poor quality or relational instability (the high turnover of caregivers in child care often results in insecure attachment relationships with children, see Howes, 1999); home or child care environments with overwhelming, unpredictable emotional demands for children; and the many stresses associated with poverty. Unfortunately, for the young children most at risk of social and emotional dysfunction, their life experience is characterized by more than one of these threats.

These conclusions reflect the findings of research on early social and emotional development. But when we turn to research that specifically examines the foundations of school readiness, its conclusions are very consistent:

First, ***the quality of the mother-child relationship in early childhood is an important influence on how well children will function in kindergarten*** (Estrada, Arsenio, Hess, & Holloway, 1987; Peisner-Feinberg et al., 2000; Pianta, Nimetz, & Bennett, 1997). When young children enjoy warm, supportive relationships with their mothers, they subsequently exhibit greater academic competence in kindergarten and early primary grades, and they are more competent in the classroom — that is, they are more socially skilled, show fewer problems with conduct or frustration and have better work habits. In an important longitudinal study, Estrada and colleagues (1987) found that a measure of the emotional quality of the mother-child relationship at age 4 was associated with the child's cognitive competence at that age, and was predictive of school readiness measures at ages 5 and 6, IQ at age 6, and school achievement at age 12. These findings are consistent with a large body of research showing how the parent-child relationship influences intellectual growth (Bradley, Caldwell, & Rock, 1993; Gottfried & Gottfried, 1984), and emphasizes the relevance of this relationship to school readiness. There are many reasons why a positive mother-child relationship would enhance children's school readiness, based on the research reviewed above. A positive, secure relationship provides immediate support for the child's social and cognitive competence, as well as inspiring self-confidence, capacities for self-management and interest in learning.

Second, ***the quality of child care influences how well children will function in school*** (Lamb, 1998; NICHD Early Child Care Research Network, 2000; National Research Council, 2001; Peisner-Feinberg et al., 2000). In another longitudinal study, Peisner-Feinberg and colleagues (2000) found that the quality of child care classroom practices predicted language and math skills through second grade. Classroom practices also predicted the quality of children's peer relationships and behavior problems several years later. In this study, "classroom practices" included assessments of whether procedures were developmentally appropriate for young children, the use of a child-centered teaching method, and the teacher's sensitivity and responsiveness to the children. Thus the overall classroom environment influenced cognitive and social competence in school up to second grade. These conclusions have been confirmed by other studies of early childhood education (National Research Council, 2001).

Moreover, ***the relationship between child care providers and young children also influences children's school functioning*** (Lamb, 1998; Peisner-Feinberg et al., 2000; Pianta et al., 1997). Just as at home, the warmth and sensitivity of the child care provider enhances children's social competence (and reduces proneness to behavior problems) in kindergarten and the early primary grades. But research has shown that the closeness of their relationship also predicts children's subsequent classroom thinking, attention skills and concept development. In short, cognitive and social competence is enhanced when children are in child care settings with secure, positive relationships with caregivers.

In the context of warm, secure relationships with their caregivers, children's intellectual growth is also enhanced. In the conversations they share, the structure that adults provide, and the sensitivity to children's developmental readiness to learn, these relationships provide an avenue for new learning of all kinds, as well as children's curiosity and motivation to learn. Thus it is perhaps unsurprising that in care settings with caregivers who are better educated and trained, young children become more intellectually and socially competent (Lamb, 1998; National Research Council, 2001).

Third, ***the quality of child care may be especially influential for children who are otherwise at risk of academic or social problems in school*** (Caughey, DiPietro, & Strobino, 1994; National Research Council, 2001; Peisner-Feinberg et al., 2000). Children from socio-economically disadvantaged settings benefit more significantly from high-quality child care than do children from middle-income families. This may derive from how a supportive relationship with a child care provider and developmentally appropriate classroom practices can buffer some of the stresses associated with economically challenging living conditions. The quality of care is important. Poor quality care does not differentially benefit at-risk children — nor, for that matter, any children.

THE QUALITY OF *children's peer relationships in kindergarten are also associated with school adjustment*

Fourth, ***the relationship between the child and a teacher in kindergarten is an important contributor to school adaptation*** (Birch & Ladd, 1997; Pianta & Steinberg, 1992). Consistent with the importance of relationships throughout early childhood, children who enjoy warm, positive relationships with their kindergarten teachers are more excited about learning, more positive about coming to school, more self-confident and achieve more in the classroom than do children who experience more troubled or conflictual relationships with their teachers. Thus the importance of relationships to socioemotional and cognitive functioning, established from early childhood, extends also to the early primary school years. Moreover, other relationships are also important. For example, the quality of children's peer relationships in kindergarten are also associated with school adjustment: children who experience greater peer acceptance and friendship tend to feel more positively about coming to school and perform better in the classroom (Ladd, Kochenderfer, & Coleman, 1996, 1997).

FACILITATING SCHOOL READINESS IN YOUNG CHILDREN

In the broadest sense, these research conclusions have both positive and negative implications for understanding the conditions that influence school readiness.

On one hand, they highlight the circumstances that undermine a young child's social and emotional readiness for new learning. School readiness is hindered when children live in families rent by domestic conflict or violence, parental mental health or substance abuse problems, or other conditions that make the home environment stressful and difficult for young children. School readiness is undermined when young children are in child care settings that are stressful or unstimulating, with teachers who are unknowledgeable or uninterested in the importance of fostering growing minds and personalities, or with staff turnover so high that it is difficult for children to develop reliable relationships with their caregivers. School readiness is hindered when young children and their families live in communities that are drained of human resources, where children may be exposed to neurotoxins (such as in lead-based paint) that hinder brain development, and where parents can find few health-care, recreational or other resources for enhancing the positive development of offspring. School readiness is particularly undermined in circumstances where many of these risk factors to healthy early psychologcial development co-occur, such as in poverty.

More positively, this research also highlights the opportunities that exist to facilitate school readiness in young children, including:

- ***Strengthening family experiences,*** especially opportunities to develop more secure and nurturant parent-child relationships. Young children thrive when provided with unhurried, focused time with the adults who matter to them, and when those adults can be sensitively responsive to them. The core foundations of school readiness are created in these experiences.
- ***Improving child care quality,*** especially by (a) strengthening the training and responsiveness of child care providers through their awareness of their crucial role in early social and emotional growth, (b) reducing the turnover of child care providers through increased professionalism and compensation, (c) making classroom practices more developmentally

appropriate and child-centered (although not necessarily more curricular), and (d) fostering a language-rich environment that facilitates intellectual growth and social interaction.

- ***Focusing on the transition to kindergarten*** as an important opportunity to instill and maintain enthusiasm for learning through the development of supportive relationships with teachers, and positive peer relationships.
- ***Attending especially to the needs of vulnerable children*** who come from at-risk backgrounds, and are especially likely to encounter multiple threats to school readiness in their families, child care environments and communities.

These present significant avenues to enhancing early school readiness.

CONCLUSION

School readiness is not just an attribute of individual children, but derives from an interaction of the child with the school. Beginning school presents so many challenges to young children, from learning directed by a teacher and the challenges of social comparison to mastering a new peer group and classroom expectations. Educators, developmental scientists and parents have long recognized that some primary classrooms are more "school ready" than others. This is because some classrooms and teachers are better able to accommodate the developmental needs and individual characteristics of children who arrive at school with widely varying capabilities, expectations and self-concepts.

There are several implications of recognizing that school readiness is not an individual attribute, but an interactive concept. First, it may be difficult to assess a particular child's "school readiness" except when that child is immersed in the challenges of the primary grade classroom. Prior assessments of school readiness outside of the context of school may be poorly predictive of how children will fare when they reach the classroom door because their coping will be significantly affected by the school itself. Second, kindergarten and primary grade teachers should become more aware of the developmental needs that young children retain from the preschool years and which underlie their initial success in school. By regarding early classroom experience in developmental (rather than academic) frameworks, educators can foster the personal qualities that contribute best to young children's long-term academic success.

Third, and perhaps most importantly, understanding school readiness as an interaction of the child with the school underscores the importance of relationships to learning. Because young children's scholastic and social lives are linked in the early primary grades, it matters a great deal how children feel about themselves and the teachers and peers with whom they share the school day. Moreover, relationships that children experience in the preschool years are also important, sometimes because of their continuing influence on children after they begin school, and sometimes because of the social and emotional resources they have provided in early childhood. In each case, the curiosity, self-confidence, excitement about learning, capacities for cooperation and skills in self-management instilled in early childhood provide young children with some of their best resources for school success.

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THE KAUFFMAN
EARLY
EDUCATION
EXCHANGE

THE VIEW FROM RESEARCH

THE CONNECTIONS BETWEEN SOCIAL-EMOTIONAL DEVELOPMENT AND EARLY LITERACY

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CURRENTLY MUCH NATIONAL ATTENTION is focused on the need to better understand the prerequisites of early literacy development to improve the reading achievement of our students, particularly our struggling readers. Most educators agree that reading ability ***"serves as the major avenue to learning about other people, about history and social studies, the language arts, science, mathematics, and the other content subjects that must be mastered in school. When children do not learn to read, their general knowledge, their spelling and writing abilities, and their vocabulary development suffer in kind. Within this context, reading skill serves as the major foundational skill for all school-based learning, and without it, the chances for academic and occupational success are limited indeed"*** (Lyon, 1999).

At a recent White House Conference on Early Reading, increased federal research funding focused on early literacy, and increasing the funding level for early literacy in the new federal Elementary and Secondary Education Act from $300 million in 2001 to nearly $1 billion in 2002. This underscored the heightened awareness that functional literacy is essential for participation in the American dream.

IT IS CRITICAL THAT CHILDREN *who experience difficulty learning to read or who may be at risk for reading problems receive the support needed as soon as possible.*

As literacy is becoming more and more necessary for basic survival, illiteracy rates are on the rise in the United States (Chard, Simmons & Kameenui, 1995; Snow, Burns, & Griffin, 1998). An estimated one in three children experiences significant difficulty in reading. Reading problems usually begin in the very early stages of reading acquisition and once they begin, they are rarely overcome (Juel, 1988, 1991; Snow et al., 1998). These problems often negatively impact children's achievement in school and ability to fully participate in literacy activities as adults (Daneman, 1991; Juel, 1991; Stanovich, 1991, 1993/1994). Therefore, it is critical that children who experience difficulty learning to read or who may be at risk for reading problems receive the support needed as soon as possible (Snow et al., 1998). Early assistance is particularly important for children who will eventually be identified as having a learning disability.

Three major reports from the National Academy of Sciences, National Research Council: *Eager to Learn: Educating our Preschoolers; From Neurons to Neighborhoods;* and *Preventing Reading Difficulties in Young Children* have synthesized and integrated the latest scientific knowledge about how young children learn best. Taken together these reports provide a compelling picture of the relationships between early experiences and future learning and achievement. One common theme is the importance of nurturing relationships and responsive social environments to cognitive and academic development.

"The socioemotional context of early literacy experiences relates directly to children's motivation to learn to read later on" (Snow, Burns, & Griffin, 1998, p. 138).

"Children grow and thrive in the context of dependable relationships that provide love and nurturance, security and responsive interaction, and encouragement for exploration" (Shonkoff & Phillips, 2000, p.7).

"Neither loving children nor teaching them is, in and of itself, sufficient for optimal development; thinking and feeling work in tandem" (Bowman, Donovan, & Burns, 2001, p.2).

It is widely acknowledged that literacy development is closely related to earlier language development (Dickinson & Tabors, 2001). However, what is less widely discussed in relation to literacy are the early ties between social-emotional development in infancy and the development of language and symbolic play during the second year of life. There is strong evidence that social-emotional development in the first year of life is the foundation of language development and that social-emotional well-being continues to affect both language and literacy as the child matures.

THE SOCIOEMOTIONAL CONTEXT *of early literacy experiences relates directly to children's motivation to learn to read later on.*

The purpose of this paper is to discuss the connection between early literacy and social-emotional development. First we will discuss early social-emotional development and its relationship to language development. Next we discuss the relationship between language and literacy. Third, the connections between play, language and literacy are presented. We then discuss the early care and education contexts that foster early language and literacy and conclude with implications for practice.

SOCIAL-EMOTIONAL DEVELOPMENT

The development of early language and eventually literacy occurs in the context of close relationships with others. These earliest relationships with parents and other primary caregivers provide the foundation for developing the characteristics of trust, autonomy and initiative. Erik Erikson first identified these psycho-social stages of the preschool years and illustrated how essential healthy ego and emotional security are to all forms of learning. Children who have secure and trusting relationships with their primary caregivers display more exploratory behavior, have more positive relationships with their peers and adjust successfully to the formal demands of schooling (Howes & Smith, 1995; Birch & Ladd, 1997). The National Education Goals Panel concluded, "A solid base of ***emotional security*** and ***social competence*** enables children to participate fully in learning experiences and form good relationships with teachers and peers" (1999). The roots of positive psycho-social development are developed and can be identified in the first year of life as infants interact with their caregivers.

A SOLID BASE OF EMOTIONAL *security and social competence enables children to participate fully in learning experiences and form good relationships with teachers and peers.*

Most infants are born with the innate ability and drive to interact and respond socially with parents and caregivers. Studies have demonstrated that experience drives a substantial amount of brain development during the first years of life. These early interactions shape the brain in ways that make social development a priority (Mundy & Stella, 2000). Toward the end of the first year of life this social relatedness is demonstrated through child-initiated joint attention. Joint attention is one of the early pragmatic functions and thought to be an important predictor of language development (Wetherby, Prizant, & Schuler, 2000). Joint attention is used to direct another's attention for the purpose of sharing an experience. When engaging in joint attention, the infant wants the adult to notice what she is noticing and acknowledge the experience. (For example, Jessie hears a loud noise outside the window, she looks at her father to see if he heard it, then looks in the direction of the noise. She continues to coordinate her gaze between the sound and her father, maybe adding vocalizations or gestures, until he responds.)

Joint attention in the prelinguistic period of development has been found to predict later language for children with Down syndrome (Mundy, Kasari, Sigman & Ruskin, 1995), children with developmental delay (McCathren, Yoder, & Warren, 1999) and children with autism (Mundy, Sigman, & Kasari, 1990). Children's abilities to initiate joint attention is thought to be a demonstration of early positive social-emotional development (Mundy & Willoughby, 1998) and may demonstrate the child's ability to orient to the social world around them (Dawson, Meltzoff, Osterling, Rinaldi, & Brown, 1998).

CHILDREN'S ABILITIES TO INITIATE *joint attention is thought to be a demonstration of early positive social/emotional development and may demonstrate the child's ability to orient to the social world around them.*

There are a number of reasons why amount of joint attention may be related to later expressive vocabulary. High rates of joint attention may demonstrate early social competence (Mundy & Willoughby, 1998). These young children may know how to involve others in their communication and have the capacity and willingness to initiate and participate in social relationships. Mundy and Willoughby view joint attention as demonstrating the child's ability to initiate positive feelings with another about something of interest in the environment. Thus, the use of joint attention may represent a child's desire to communicate and as such may set the social-emotional foundation for communicating with language.

The social-pragmatic theory of language acquisition proposes that language develops as infants try to make meaning of the social world in which they live (Carpenter & Tomasello, 2000). According to Nelson (1985), children learn to talk in order to make meaning of their experiences with others. In addition, early language develops and becomes more sophisticated as infants and young children attempt to communicate their understandings of the world (Bloom, 1993).

THUS, THE USE OF JOINT ATTENTION *may represent a child's desire to communicate and as such may set the social-emotional foundation for communicating with language.*

The importance of the ability to initiate joint attention as a key component of social relatedness is highlighted when looking at children with autism. One of the defining characteristics of children with autism is the lack of joint attention (Mundy & Stella, 2000; Wetherby, Prizant, & Schuler, 2000). This lack of joint attention is thought to be a core deficit with wide-ranging implications for the ability to relate socially and to interpret the social behavior of others throughout the life span. Often people with autism never learn to speak. However, even when language is present, it is often idiosyncratic and is not used to share experience (Wetherby et al., 2000). For children with autism who become verbal and even literate, there continues to be great difficulty reading social cues and emotions, understanding non-literal language and interpreting the intentions and actions of another. Thus, early social-emotional development affects both the desire and the ability to communicate, use language and eventually develop literacy skills.

Additional research also concluded that sensitive, responsive care is critical to the development of social-emotional competence (Thompson, this volume). Taken together, these two lines of research strongly suggest that early care providers need to be skilled in their ability to recognize infants' attempts to initiate joint attention and respond appropriately. In other words, babies and young children need adults who care for them to be "in tune" with their moods, desires and need to communicate.

LANGUAGE-LITERACY CONNECTIONS

Because reading is a language-based skill (Kamhi & Catts, 1999), children experiencing difficulties in reading often also experience difficulty in three areas of language development: receptive and expressive vocabulary, narrative skills and phonological processing. The development of a large vocabulary is thought to contribute to learning to read because it helps children attach meaning to the printed words (Adams, 1990). Research has shown that children's reading ability in the primary grades has been positively correlated with early vocabulary development (Eisenson, 1990; Hart & Risley, 1995; Walker, Greenwood, Hart, & Carta, 1994). However, many children, particularly children living in poverty, arrive at school with poorly developed vocabularies (Hart & Risley, 1995; Rush, 1999), making it more difficult to learn to read.

THE DEVELOPMENT OF A LARGE ***vocabulary is thought to contribute to learning to read because it helps children attach meaning to the printed words. Research has shown that children's reading ability in the primary grades has been positively correlated with early vocabulary development.***

In addition to strong receptive and expressive vocabularies, the development of narrative skills positively contributes to learning to read (Snow et al., 1998). Families expose their children to narratives in a variety of ways. Many low-income families have a rich history of storytelling and use elaborate narratives as part of their daily lives (Heath, 1983; Vernon-Feagans, Hammer, Miccio, & Manlove, 2001). Children's understanding of narratives also is developed during mealtimes when family members talk about the day's events (Snow & Tabors, 1993). These day-to-day encounters with narratives help children understand the structure of stories making them easier to understand. However, the development of good narrative skills can be difficult for children with delays or disabilities in language development.

IN ADDITION TO STRONG RECEPTIVE ***and expressive vocabularies, the development of narrative skills positively contributes to learning to read.***

A third area of oral language that strongly impacts reading is phonological processing. Phonological processing is the use of the sound system of language to process written and oral information (Jorm & Share, 1983; Rush, 1999; Wagner & Torgesen, 1987). Phonological processing skills are highly correlated with later reading ability and are thought to contribute to most reading difficulties (Torgesen, Wagner, & Rashotte, 1994).

One phonological processing skill, phonemic awareness, is demonstrated in young children by rhyming and identifying initial sounds in spoken words. Through research, educators have learned that phonemic awareness is a strong predictor of future reading ability, it can be taught, and that learning such skills positively impacts children's future reading ability (Gelzheiser & Clark, 1991; Shankweiler, Crain, Brady, & Macaruso, 1992; Torgesen et al. 1994).

IT ALSO IS EVIDENT THAT EARLY *language development grows out of a close, emotionally supportive relationship in which children want to convey their thoughts, ideas, observations and feelings to important others.*

It is clear that children do begin "literacy learning with language and that enhancing their language development by providing them with rich and engaging language environments during the first five years of life is the best way to ensure their success as readers" (Tabors, Snow, & Dickinson, 2001, p. 334).

It also is evident that early language development grows out of a close, emotionally supportive relationship in which children want to convey their thoughts, ideas, observations and feelings to important others.

PLAY, LANGUAGE AND LITERACY

One way to increase the development of oral language is through using play as the context for language learning. Although most preschoolers engage in elaborate pretend play, this skill has its beginnings much earlier in development. By the end of the first year of life mental representation is demonstrated through symbolic play (McCune, 1995). In symbolic play, an object or person stands for another object or person (e.g., doll for a baby, child for the daddy). From a cognitive perspective there are three types of play that develop in young children (Piaget, 1962). The first, exploratory play, is the banging, shaking, mouthing, or simple manipulation of objects. The next type, combinatorial play, is demonstrated by the infant relating objects to each other (e.g., building a tower, putting a person in a car, or pounding pegs with a hammer). The final, most sophisticated type of play is symbolic or representational play.

ONE WAY TO INCREASE *the development of oral language is through using play as the context for language learning.*

There is an established empirical base (Casby & Ruder, 1983; McCune, 1995; Mundy, Sigman, Kasari, & Yirmiya, 1988) for linking symbolic play skills with language development. Both rate and level of symbolic play have been found to be significantly correlated with language development for children with Down syndrome and for typically developing children (Casby and Ruder, 1983). For typically developing children, a relationship between play and the onset of first words has been established. McCune (1995) found significant concurrent correlations between the onset of pretend play and first words.

The development of play skills also is important because play with objects is often the context for early prelinguistic and verbal communication. Object play is a common context for communication interventions with young children (Yoder, Warren, & Hull, 1995). Children who do not demonstrate an interest or skill in play with objects may be harder to engage in the types of interactions that are facilitative of communication development. Play settings that provide choice, control and appropriate levels of challenge appear to facilitate the development of self-regulated, intentional learning (Badrova & Leong, 1998).

It is no surprise that play also has a role in children's development of motivations to want to learn to read, especially when one considers how play encourages young children to reflect on situations through dramatizations of their own invention (Galda, 1984; Smilansky, 1968; Wolf and Heather, 1992). Adults intervene in children's play by providing field trips as a source of knowledge, as well as relevant props (e.g., grocery store or library props) to stimulate fantasy, and by becoming involved in the play themselves (e.g., suggesting new activities, vocabulary and rules) (Neuman, and Roskos 1992).

THE DEVELOPMENT OF PLAY *skills also is important because play with objects is often the context for early prelinguistic and verbal communication.*

If play sessions are going to provide a medium for incorporation of aspects of literacy, those sessions need to be at least 20 to 30 minutes in order to allow children enough time to create the elaborate scripts that lead to the intentional use of literacy in dramatic play (Christie, Johnsen & Peckover, 1988). Consider an example of young children establishing and enacting "doctor's office" play. First they need ample time to establish everyone's roles. Perhaps they had recently read a book about Sam who has an earache — someone needs to be Sam, another person his Dad who takes him to the doctor, another child the doctor, etc. During this planning time and the dramatic play sequence, the children decide what items are needed for the play and establish objects to represent those items, for example a paper tube from a paper towel roll might be used to look through to see Sam's earache. A block and a stick might be used as a pretend note pad and pen, etc. Then the all-important playing out of the story with all its detail. All this takes time and, if needed, helpful guidance and support from a teacher.

Children need book readings and related experiences to develop their background knowledge for the play setting. To support children's writing during play, they need ready access to appropriate materials, such as paper, markers, pencils and stamp pads (Morrow & Rand, 1991; Neuman & Roskos, 1992; Schrader, 1985; Vukelich, 1994). Even so, the teacher's participation and guidance are pivotal in helping children incorporate literacy materials into their play (Badrova and Leong, 1998). For example, one study compared children who played in a print-rich center with or without literacy-related guidance from their teacher (Vukelich, 1994). When later tested on their recognition of print that had been displayed in the play environment, those who had received teacher guidance were better able to recognize the words, and could do so even when the words were presented in a list without the graphics and context of the play setting.

CHILDREN NEED BOOK READINGS *and related experiences to develop their background knowledge for the play setting. The teacher's participation and guidance are pivotal in helping children incorporate literacy materials into their play.*

Play sessions also provide a rich context for the development of narratives, which was discussed earlier. Additionally, effective "play" enhances self-regulatory behavior of young children (Badrova & Leong, 1998). Poor self-regulatory behavior (e.g., activity level, attention, adaptability) is identified as a barrier to children's receptiveness to instruction in the early grades. Torgesen's work cited in The National Reading Panel (NICHD, 2000) report provides an example of such a barrier to phonics instruction. He found that kindergarten children with poor self-regulatory behavior were most resistant to instruction.

SUPPORTIVE EARLY LITERACY CONTEXTS

Children's exposure to and interest in literacy experiences are influenced by the adults who care for them. Caregivers' literacy attitudes, beliefs and ability levels affect the literacy opportunities they provide for children in their care and the richness of their literacy interactions with children (DeBaryshe, 1995; Baker, Serpell, & Sonnenschein, 1995; Spiegel, 1994). The feelings children develop during early literacy experiences, such as shared book reading, directly influence their motivation to learn to read independently. Enthusiasm about literacy activities is suggested by many researchers as a route to development of the child's active engagement in literacy tasks (Snow & Tabors, 1996; Baker et al., 1995).

THE FEELINGS CHILDREN DEVELOP *during early literacy experiences, such as shared book reading, directly influence their motivation to learn to read independently.*

Activities such as family storybook reading promote positive feelings about books and literacy (Taylor & Strickland, 1986). The relationship between parents' behavior and their children's perceived interest in literacy works in a reciprocal manner. Parents who believe their children are interested in reading are more likely to provide abundant print-related experiences than parents who do not perceive such interest. Parents' interpretations of children's interest in print, however, are partly a function of their expectations of young children's capabilities in general. For example, one parent may judge a child to be interested only if the child asks to have a story read; another parent may judge a child to be interested if he or she expresses pleasure when the parent offers to read a story.

In the United States, young children are read to fairly often by their parents. Some 40 to 50% of all families report reading to their kindergartners on a daily basis, and this is the case across all ethnic and socioeconomic groups (Early Childhood Longitudinal Study, 1999).

ACTIVITIES SUCH AS FAMILY *storybook reading promote positive feelings about books and literacy*

Children who learn from their parents that literacy is a source of enjoyment may be more motivated to persist in their efforts to learn to read despite difficulties they may encounter during the early school years. Parents of pre-reading children tend either to emphasize literacy as an activity engaged in for purposes of entertainment or as a set of skills to be acquired. Children of those parents who emphasized early literacy as a source of enjoyment tend to have a greater orientation toward print along with greater competence in aspects of narrative and phonological awareness than do children of parents who approach early literacy as a set of skills (Sonnenschein, Baker, Serpell, Scher, & Fernandez-Fein, 1996). Such an enjoyment orientation is more typical of middle-income parents, whereas lower-income parents are more likely to view literacy as a set of skills to be acquired (Lancy & Bergin, 1992). Baker et al. (1995) note that "Parents' descriptions of their children's early efforts to engage in literacy activities often reflected amusement but also suggest awareness of the value of such behaviors" (p.265).

CHILDREN WHO LEARN FROM *their parents that literacy is a source of enjoyment may be more motivated to persist in their efforts to learn to read despite difficulties they may encounter during the early school years.*

In addition to the family, child care programs also provide early literacy experiences that can support young children's interest in learning to read. Literacy activities often are not at the forefront of planned activities in child care settings. Neuman (1996) studied the literacy environment in U.S. child care programs. Traditional 'caretaking' goals, such as keeping children safe, fed and clean, was often the main focus. Yet many of the children being served were in special need of early language stimulation and literacy learning. Neuman introduced an intervention that provided caregivers with access to books and training on techniques for (a) book selection for children of different ages, (b) reading aloud, and (c) extending the impact of books. Assessments of this training indicated that literacy interaction increased in the intervention classrooms; literacy interactions averaged five per hour before the intervention and increased to 10 per hour after the intervention.

Before the training, classrooms had few book centers for children; after the intervention, 93 percent of the classrooms had such centers. Children with caregivers who received the training performed significantly better on concepts of print (Clay, 1979), narrative competence (Purcell-Gates and Dahl, 1991), concepts of writing (Purcell-Gates, 1996), and letter names (Clay, 1979) than did children in the comparison group. At follow-up in kindergarten, the children were examined on concepts of print, receptive vocabulary (Dunn and Dunn, 1985), concepts of writing, letter names and two phonemic awareness measures based on children's rhyming and alliteration capacity (Maclean, Bryant & Bradley, 1987). Of these measures, children in the intervention group performed significantly better on letter names, phonemic awareness and concepts of writing.

IN ADDITION TO THE FAMILY, *child care programs also provide early literacy experiences that can support young children's interest in learning to read.*

In summary, we know that in order for young children to become fluent readers, they need opportunities to develop oral language skills and phonological awareness, the motivation to learn to read, as well as the specific skills associated with decoding and comprehending print (Burns, Griffin, & Snow, 1999). Important elements of their learning environments include positive, supportive, reciprocal relationships in addition to specific literacy-related activities and materials.

VULNERABLE CHILDREN AND EARLY LITERACY

Young children living in distressed urban communities are at great risk for school failure, antisocial behavior and disrupted development (Gorman-Smith, Tolan, & Henry, 1999). Many recent reports have documented the increasing number of children growing up in seriously compromised circumstances that are associated with low achievement, inattentiveness, psychiatric symptoms and behavior problems, grade retention and depressed cognitive development (Duncan & Brooks-Gunn, 1997; Erikson & Pianta, 1989; Young, 1994). There is a body of evidence suggesting that the quality and nature of the teacher-child relationship significantly influences the child's adjustment to kindergarten and eventual academic performance (Birch & Ladd, 1997; Bretherton, 1985; Pianta, 1994; Pianta & Steinberg, 1992).

THERE IS A BODY OF EVIDENCE ***suggesting that the quality and nature of the teacher-child relationship significantly influences the child's adjustment to kindergarten and eventual academic performance***

Birch and Ladd (1997) studied the association between three dimensions of the teacher-child relationship (closeness, dependency and conflict) and kindergarten children's adjustment to school. They report "...the perceptions that teachers have of the quality of their relationships with their students are associated with children's performance on academic tasks, children's feelings of loneliness and school avoidance desires and teachers' reports of various school adjustment outcome indices" (pp.77-78). A close, non-dependent, non-conflictual relationship as perceived by the teacher was related to children's academic performance as well as their attitudes toward school and engagement with school.

THESE CHILDREN ARE *perceived as having chronic behavior problems with low academic potential, which sets up a self-fulfilling prophesy of reduced opportunities to learn and depressed achievement.*

A recent study in one Midwestern urban school district found that young children in urban low-income communities who display challenging classroom behaviors that do not conform to teacher expectations are at great risk for being underestimated in their academic potential and never establishing a warm, positive relationship with teachers (Espinosa & Laffey, submitted). These children are perceived as having chronic behavior problems with low academic potential, which sets up a self-fulfilling prophesy of reduced opportunities to learn and depressed achievement. With frequent negative and restrictive feedback from the teacher and other adults in the school setting, they are also at-risk for developing a negative self-image as a learner. Howes and Smith (1995) found similar results in a study of children in child care. Those children who were perceived by the teacher to be difficult received more controlling, restrictive commands from the caregiver and were allowed fewer opportunities to initiate their own activities and exploit their learning environment.

IMPLICATIONS FOR PRACTICE

It has been repeatedly shown that high-quality preschool programs can positively influence the intellectual, academic and social development of poor children both immediately and long-term (Barnett, 2000). Virtually all experts in early education and related fields agree that intensive, high-quality interventions for young children in poverty can have substantial impacts on their future school and life success. This line of research has also demonstrated that, in order to be effective, early childhood programs must provide the elements of high quality. Unfortunately, this is not the case for the majority of American preschool programs. A recent national study revealed that only 25% of observed child care settings met the criteria of developmentally appropriate care (Cost, Quality and Outcomes Study, 1999).

> IT HAS BEEN REPEATEDLY *shown that high-quality preschool programs can positively influence the intellectual, academic and social development of poor children both immediately and long-term.*

When designing early care and educational programs for children from economically disadvantaged backgrounds, (or any young child considered vulnerable, i.e., children who are English language learners, children with disabilities or children who lack emotional security and social competence)it is critical that the following elements be considered.

- ***Positive, supporting relationships are critical.*** It has been repeatedly demonstrated that young, vulnerable children can thrive academically and socially when they have the support of a caring adult. It is imperative that all early care and education providers understand the critical importance of social and emotional development to all academic achievement.

IT IS IMPERATIVE THAT *all early care and education providers understand the critical importance of social and emotional development to all academic achievement.*

- ***Strong emphasis on oral language development.*** Teachers need to interact and converse with children both in small groups and individually throughout the day. They need to model standard English and provide opportunities for children to express symbolic concepts through speech. Extended vocabularies, sense of story, background knowledge and phonemic awareness are all fostered through opportunities to play with peers, play with language and play with materials.
- ***A curriculum that includes school-related skills and knowledge.*** Young children need the opportunity to learn the alphabetic code, phonemic awareness, story narrative, an expanded vocabulary, number sense and other basic academic content.
- ***Small class sizes.*** Each child needs to have frequent individual interactions with peers and caring adults and learning experiences that are tailored to his/her unique talents, interests and abilities.
- ***Teachers who engage in collaborative planning, assessment and reflection.*** In the best programs, teachers and other staff meet frequently to discuss the program and the development of individual children.
- ***All teachers are well qualified.*** To the extent possible, early childhood teachers should have a college degree with specialized preparation in early childhood education or a related field.
- ***Establish a collaborative and respectful relationship with parents and/or other family members.*** When parents and teachers work together the young vulnerable child has a greater chance to be developmentally supported in the home and accurately understood in the classroom.

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THE KAUFFMAN
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THE VIEW FROM RESEARCH

CULTURE AND ETHNICITY IN SOCIAL, EMOTIONAL AND ACADEMIC DEVELOPMENT

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Academic competence and socio-emotional adjustment are built upon a common foundation of early psychosocial development. Likewise, both are molded by the cultural and ethnic contexts from which they originate. This is nowhere more evident than among children of color in the United States who occupy social niches, defined by socioeconomic status (SES), gender and ethnicity, which ply them with a risk-inducing formula of above-average environmental strains and below-average material resources. For many children, this formula results in a compromising of social development and academic achievement. Early intervention, access to high-quality pre-kindergarten programs, improved teacher preparation and sustained efforts to build collaborative relations between families and schools can help correct the imbalance of strains and resources to give children of color a fighting chance to develop to their full potential.

Academic performance and social adjustment are founded upon evolving competencies in the self-regulation of attention, behavior, language and emotions (ABLE). The evolution of these competencies, however, are directed and shaped by experiences that are strongly related to cultural imperatives, ethnicity and socioeconomic status. Not surprisingly, palpable differences have been observed in academic and socio-emotional outcomes that are clearly linked to income disparities and, at the same time, fall along the fault lines of ethnicity. To understand these patterns more fully, we must invoke multi-level explanations that cut across individual differences, family functioning, school organization and quality of community life.

This paper describes the status of children of color with respect to academic and social functioning and summarizes what is known about processes that constrain and facilitate that development. It argues that children of color occupy specific cultural niches in American society that expose them to a host of social, familial and community strains while providing limited resources to help them respond. These strains challenge their ability to cope and to develop normally, compromising for some academic and socioemotional functioning. This inauspicious combination can be deleterious for social development and school success of many, though not all, of these children. The purpose of this paper is to advance the argument that early and sustained intervention related to child, family and school can help correct the imbalance of strains and resources to improve the prospects of children of color whose academic and socio-emotional functioning might otherwise be compromised.

> EARLY AND SUSTAINED *intervention related to child, family and school can help correct the imbalance of strains and resources to improve the prospects of children of color whose academic and socioemotional functioning might otherwise be compromised.*

MENTAL HEALTH AND ACADEMIC ACHIEVEMENT OF AMERICAN CHILDREN

For two decades now, cross-national assessments of math, science and reading skills suggest that American K-12 students lag behind many of their counterparts from both industrialized and developing nations (see National Assessment of Educational Progress, [NAEP], 1991; Stevenson and Stigler, 1992). Despite great efforts to address the problems of national underachievement, a disturbing lack of progress toward improving the academic proficiencies of American students still persists. Recognition of these problems has been followed by unusual expressions of resolve to reform schools and improve educational outcomes for all children. With surprising unanimity, the emerging national discourse on educational improvement seems to be converging around several key elements:

- setting high academic ***standards***,
- conducting annual ***assessments*** of student performance and
- requiring ***accountability*** of administrators, teachers and students for the results.

To date, the fruits of much of the reforms undertaken during that period have been disappointing. Even with major curricular reforms, which focus singularly on improvements in literacy, the average reading scores failed to improve for most American fourth graders between 1992 and 2000.

Clearly, the challenge of developing the academic talents of American children is a difficult task. Perhaps it is made more so by the failure to recognize that high achievement is the product of interwoven cognitive and emotional process. Missing from the dialogue about how to address the malaise in American education is an appreciation of the fundamental ties among learning, motivation and socio-emotional functioning.

> MISSING FROM THE DIALOGUE *about how to address the malaise in American education is an appreciation of the fundamental ties among learning, motivation and socio-emotional functioning.*

Mental health prevalent data suggest that problems of socioemotional functioning are common among school-age children. For example, estimates of behavioral, emotional and developmental problems among school-aged American children range from 14 to 22% and diagnosable mental disorders from 8 to 10% (Mash & Barkley, 1996). Similarly the Great Smoky Mountain Study of Youth (Costello, Angold, Burns, Stangl, Tweed, Erkanli, & Worthman, 1996; Costello, Angold, Burns, Erkanli, Stangl, & Tweed, 1996) found that 20.3% of the children met the criteria for a DSM III-R diagnosis of serious emotional disturbance in rural and poor children ages nine and older. The most common disorders include anxiety or phobias, hyperactivity and conduct disorders (Costello, 1989). In addition, as much as one third of American children evidence sub-clinical psychological symptoms, which have a detrimental impact on quality of life and compromise functioning in domains such as school, family life and peer relations (McDermott & Weiss, 1995). Though often ignored in the call for school reform, the high prevalence of behavioral and emotional difficulties makes it impossible to avoid in the classroom.

AS MUCH AS ONE THIRD *of American children evidence sub-clinical psychological symptoms, which have a detrimental impact on quality of life and compromise functioning in domains such as school, family life and peer relations.*

STATUS OF CHILDREN OF COLOR

On both indicators of academic performance and socioemotional adjustment African-American and Latino children do not fare well and, in many cases, much more poorly than whites (Lequerica & Hermosa, 1995; Neal, Lilly, & Zakis, 1993). Information on the academic outcomes of children of color such as standardized tests scores on reading, math and science, course failures, suspensions, retention and dropout rates are a serious cause for concern. For example, 40% of African-American children failed at least one subject, and by the time they reached high school at least 20% had been retained in a grade (Barbarin, Whitten & Bonds, 1994). In a nationally representative sample of African-American children, 22.4% of adolescents were suspended at least once, and 23.1% repeated at least one grade (Barbarin & Soler, 1993).

INFORMATION ON THE ACADEMIC *outcomes of children of color such as standardized tests scores on reading, math and science; course failures; suspensions; retention and dropout rates are a serious cause for concern.*

It is no surprise then that in 1995 for example the high school dropout rate was 46% for Hispanic children, 26% for African- Americans, and 17% for Caucasians. At the other end of the K-12 continuum, Leadbeater and Bishop (1994) found twice as many African-American preschool children of adolescent mothers scored in the clinical range on measures of behavior and emotional functioning than is found in the normative sample. In the Woodlawn study of preschool African-American children growing up in a low-income housing project in Chicago, children exhibited significant impairment in domains judged essential for academic achievement and social adaptation (Kellam, Branch, Agrawal, & Ensminger, 1975). At least one problem of adaptation was observed in as many as 68% of kindergarten children (Kellam, Branch, Agrawal & Ensminger, 1975).

BEHAVIOR PROBLEMS MASK EMOTIONAL DIFFICULTIES

Though children of color exhibit both behavior and emotional difficulties, disruptive behaviors such as aggression, impulsivity, attention deficits, restlessness, substance abuse, delinquency, teenage pregnancy and problems related to academic achievement have garnered the greatest attention (Barbarin, 1993). Behavior disorders and delinquency are identified more frequently among African-American male adolescents than whites. For example, African-American males accounted for 23% of juvenile arrests and 26% of juveniles in residential facilities — much higher than their representation in the adolescent population (Hoberman, 1992). Additionally, African-American children's involvement in the child welfare system was found to be three to 10 times higher than Caucasian children (Goerge, Wulczyn, & Harden, 1994).

Much less attention has been given to the emotional despondence of children of color reflected in data on suicide, particularly among males. Behavioral problems frequently co-occur with depression and anxiety (Garber, Quiggle, Panak, & Dodge, 1991). Because behavioral problems are literally "in your face," it may be easy to miss the underlying emotional turmoil that undergirds and perhaps drives the acting-out behavior. Symptoms of ***internalizing disorders*** are particularly prevalent among young African-American males in elementary and middle school and in adolescent females (Barbarin & Soler, 1993). Children from low-income communities report more ***depressive symptoms*** on the Children's Depression Inventory (child report) than groups on whom the test was normed (Kellam et al., 1991; Barbarin, 1993). Moreover, in a program of research on anxiety disorders, Neal and Turner (1991) report slightly higher rates of phobic symptoms among African-American children than might be expected from existing epidemiological data, and they argue that these ***are linked to specific conditions in the social environment.***

BECAUSE BEHAVIORAL PROBLEMS *are literally "in your face," it may be easy to miss the underlying emotional turmoil that undergirds and perhaps drives the acting-out behavior. Symptoms of internalizing disorders are particularly prevalent among young African-American males in elementary and middle school and in adolescent females*

CAN POVERTY ACCOUNT FOR ETHNIC DIFFERENCES?

The poverty rate among African-American children is estimated at 46%. The rates vary among the different Latino groups with the highest rates occurring among Puerto Rican and recent immigrant groups from Central America. Poverty is strongly associated with the emotional and academic outcomes discussed above. Of all the commonly identified social risk factors, socio-economic status (SES) is arguably the most robust and consistent predictor of psychological and academic dysfunction (Bruce, Takeuchi, & Leaf, 1991; Dutton, 1986). Poor children are at greater risk of developing mental health problems than children who come from more advantaged backgrounds (Valez, Johnson, & Cohen, 1989; Werner & Smith, 1992).

POOR CHILDREN ARE ***at greater risk of developing mental health problems than children who come from more advantaged backgrounds***

Poverty has an especially pronounced effect in the domain of externalizing disorders (Capaldi & Patterson, 1994) though there is evidence that it can increase the likelihood of internalizing disorders as well (Last & Perrin, 1993). Though the observed effect sizes of poverty are often small, risks associated with poverty are hardly trivial or passing. A combination of economic hardship and limited access to supportive services all combine to disadvantage poor children and to place obstacles in the way of their continued academic and emotional development. The sequelae of these conditions can be observed across the life span: increased morbidity and mortality, mood disturbances, academic underachievement, aggression, premature sexuality and childbearing, substance abuse, delinquency, underemployment, high rates of divorce and instability of family life. Risk factors, protective factors and emotional regulation represent important pieces needed to solve this puzzle.

A COMBINATION OF ECONOMIC ***hardship and limited access to supportive services all combine to disadvantage poor children and to place obstacles in the way of their continued academic and emotional development.***

This raises the possibility that differences observed among ethnic groups are tied to the differences in poverty. Therefore the relationship between ethnicity and academic and socioemotional difficulties may be due in part to poverty. However, Barbarin (2001, in press) has demonstrated that SES and poverty alone do not fully account for ethnic differences in academic achievement. This work shows that the gap between African-Americans and whites does not disappear when you control for poverty. In fact, the gap gets wider the higher up the SES scale you go. This suggest a more complex explanation than poverty or SES is needed to account for ethnic differences.

HIGH-RISK SOCIAL NICHES: GENDER, POVERTY, ETHNICITY AND CULTURE

Children of color occupy social niches in American society that render them especially vulnerable to a panoply of social, emotional and academic difficulties. In addition to ethnicity and poverty status, children may be more likely to experience difficulties by virtue of gender. Young boys experience behavioral and academic problems at higher rates than girls. National studies of kindergarten children suggest that ethnic differences in socioemotional outcomes may be accounted for largely by males. Specifically African-American and Latino males exhibit more disruptive behavior and attention difficulties than white males but no differences are observed among females (Center for Health Statistics, 1988).

Unlike the role of poverty, the effects of culture on socioemotional development and academic readiness is more nuanced and less understood. This is in part because we are still grappling with the definition and meaning of culture and ethnicity in the dynamic gumbo of a society in which we live. Our best thinking is that indeed culture and its associated practices and beliefs influence the differential outcomes of children but the data on this point in an American setting are too sparse to be compelling and conclusive.

UNLIKE THE ROLE OF POVERTY, *the effects of culture on socioemotional development and academic readiness is more nuanced and less understood.*

It is important to distinguish between culture and ethnicity. They are not the same. Ethnicity is based on a process of psychological identification made by individuals. Ethnicity is a way of representing primary social affiliation and personal identification beyond the level of the family. Ethnicity exists at the psychological level within individuals and families. Though a shared culture can be the basis for and support individual ethnic identification, ethnicity and culture are not co-terminus.

IT IS IMPORTANT TO DISTINGUISH *between* CULTURE *and* ETHNICITY. *Ethnicity is a way of representing primary social affiliation and personal identification beyond the level of the family.*

Culture refers to a dynamic and shared system of beliefs, mores, values, attitudes, practices, roles, artifacts, symbols and language. It represents a group's collective wisdom and aspiration that surround and are reflected in routines of daily living. Culture guides how a group solves problems, how they approach mundane tasks and how they address eschatological challenges such as the meaning of life and death. Culture is reflected in the structure of social relationships — within and outside of the group — and define obligations and rights among a group of people who possess a common identity. Cultural demands, values and world views determine how children's academic aspirations and social behaviors are expressed and interpreted.

CULTURAL DEMANDS, *values and world views determine how children's academic aspirations and social behaviors are expressed and interpreted.*

Partially as a consequence of environmental demands and social conditions, culture may influence socialization goals and practices that might be reflected, for example, in beliefs about how independent children should be and how early in life should independence be encouraged (Weisz & Sigman, 1993). Similarly, differences in cultural conceptualizations of social relations may shape expectations of how children should behave or express their emotions. For example, Guerra, Huesmann, Tolan, Van Acker, and Eron (1995) demonstrated that specific cultural attitudes and beliefs underlie the high levels of conduct problems often observed in ethnic minority children. They tested the relationships of aggression to poverty-related stress, and the world views of Latino and African-American children. Both stress and beliefs significantly predicted levels of aggression. Thus, withdrawn behavior, aggression or high anxiety in children can be regrettable but understandable adaptations to an unpredictable and threatening environment (Dubrow & Garbarino, 1989). Though based purely on speculation, cultural views about children, the timing and content of their learning and culturally based socialization goals may influence parent expectations of their own and the schools role in the education of their children. ***How parents define their roles will directly influence their practices and their expectation of what schools should be doing which in turn may affect children's outcomes.*** The interactions and compatibilities between parents cultural beliefs about their role and the practices and expectations of school are likely to have a profound influence on how well the two work together to promote children's learning and development.

Accordingly, gender, SES, ethnicity and its associated cultural features and may be used as co-ordinates to demarcate particular ecological niches in society. Viewed in this way, the notion of niche emphasizes the idea that critical social demarcators combine and interact to create a context of development with unique properties. The importance of these niches is that some social niches carry with them a set of features, circumstances and challenges that predispose their occupants to academic and socioemotional difficulties. Clearly, African-American and Latino children, particularly the poor and especially males, occupy niches that deserve fuller understanding and exploration if we are to make a dent in the problems of academic access in the U.S.

SOME SOCIAL NICHES *carry with them a set of features, circumstances and challenges that predispose to their occupants to academic and socioemotional difficulties.*

CROSS-CULTURAL COMPARISONS OF AFRICAN-AMERICAN AND SOUTH AFRICAN CHILDREN.

It is possible to learn a great deal from gazing inward through comparisons of ethnic groups in the United States. A different and enlightening perspective can be obtained by cross national and cross-cultural comparisons. For example, Barbarin (2001) compares the functioning of African-American and South African boys and girls on indicators of socio-emotional function. In addition to the national comparison, this research made it possible to assess whether the social niches demarcated by being black, being male or female and poor or not poor produce the same effects on children's functioning in the United States and South Africa.

The results revealed interesting differences for behavioral and emotional problems among young African-American and South African children. African-American children scored significantly higher than South Africans on the scale scores for anxiety-depression, immaturity, opposition and hyperactivity. Compared to South African children, African-Americans are, in general, more troubled and more susceptible to risk of psychological dysfunction. African-American children tend to have greater vulnerability with respect to internalizing symptoms, suggestive of over-regulation among African-Americans, and South African children have greater vulnerability to socially disruptive behavior, suggestive of sub-optimal regulation (Hammen & Rudolph, 1996).

Being a black male in the United States emerges as a particularly difficult niche. African-American boys evidenced a pattern of heightened vulnerability for behavioral and emotional difficulties. For example, of all groups in the study, African-American boys have the greatest difficulty with concentration problems and emotional difficulties. Most importantly, whereas poor children in the United States had more difficulty than the non-poor, poverty made no difference for South African children. Even though South African children grow up under conditions that are as adverse as — if not more than — those for African-Americans, the social and cultural niches they occupy may afford them some protections not available to African-American children.

> BEING A BLACK MALE *in the United States emerges as a particularly difficult niche. African-American boys evidenced a pattern of heightened vulnerability for behavioral and emotional difficulties.*

For example, a different consciousness of self, founded in the perception of poverty not as a stigmatizing condition of the self but as a temporary state of affair not attributable to one's own defects as an individual or ethnic group. Other explanations include the psychological protections afforded by majority status to black South Africans and the stress buffering resources of support from extended family networks. This suggests importantly, that the niches occupied by poor children need not have the debilitating quality it has here.

> THIS SUGGESTS IMPORTANTLY, *that the niches occupied by poor children need not have the debilitating quality it has here.*

ARE PSYCHOLOGICAL PROBLEMS RELATED TO ACADEMIC PERFORMANCE OF CHILDREN OF COLOR?

Problems in the acquisition of social emotional competence are important to note in their own right, but their significance increases when we weigh their role in the acquisition and development of academic skills. For the many children who experience academic difficulties, the attainment of socio-emotional and self-regulatory competence sets the stage for and is essential to later academic achievement. Problems in socioemotional competence not only diminish academic achievement but also complicate efforts to remediate problems in skill acquisition by males. Serious or even moderate behavioral, attentional or emotional difficulties often are identified by teachers as significant impediments to achievement. These problems reduce the ability of children to marshal their intellectual resources to learn and ultimately weaken academic motivation and engagement. Such deficits also divert the energies of teachers from engaging children in needed instructional activity to enforcing classroom order and discipline.

FOR THE MANY CHILDREN *who experience academic difficulties, the attainment of socioemotional and self-regulatory competence sets the stage for and is essential to later academic achievement.*

The Orange County, Fla. school system discovered that middle school students with behavioral problems who had been suspended 30 days or more had reading comprehension scores below the 25th percentile. In this way, socioemotional competence is an essential ingredient of school success because it constitutes a prerequisite condition for effective instruction and learning. Problems of socioemotional functioning very often occur along side academic problems. For this reason, school reform efforts that ignore these issues are myopic and are likely to be limited in success.

SOCIOEMOTIONAL COMPETENCE *is an essential ingredient of school success because it constitutes a prerequisite condition for effective instruction and learning.*

Children of color who appeared to be on track and performing acceptably in the early elementary school years in the academic arena and who showed no signs of behavioral difficulties may get into difficulty in spite of their earlier promise. By the time they reach the middle schools years, many experience a noticeable slowing of academic progress that is coupled with an increase of discipline problems. Males, especially, become embroiled in a persistent cycle of mood disturbances, disruptive behavior, underachievement and low morale that belies their very promising start in school.

CHILDREN OF COLOR WHO *appeared to be on track and performing acceptably in the early elementary school years in the academic arena and who showed no signs of behavioral difficulties may get into difficulty in spite of their earlier promise.*

How can we account for this deviation from what appeared to be a normal and healthy developmental trajectory? Barbarin (2000) examined data on cross-sectional age cohorts of African-American children, ages 5-17 that show that depressive symptoms (parental reports) have a peak incidence for boys at about ages 9-10 (Grades four and five), then drop in older cohorts. This also corresponds to the time point when the average performance of African-American males on standardized reading and math tests begins to dip ***below grade level*** (Ferguson, 2000). For girls, depressive symptoms are only moderately elevated up through age 10, but rise and peak among 15- and 16-year-olds. Females in this age group show a similar decline in academic performance compared to their non-poor peers.

These trends hint at an intriguing temporal relationship between depressive affect and academic achievement. It appears that after an incidence of depressive symptoms peaks and drops, academic functioning declines. The lack of a strong achievement motivation may in fact spring from a generalized dysphoria that may affect investment in academic tasks.

These hypothesized relationships imply an age-linked decline in academic achievement and intra-individual covariation between depression and achievement that can be best tested through time-series data. Supporting this assertion, Connell, Spencer and Aber (1994) show that parental involvement, disaffection and academic effort are reciprocally related. Longitudinal data on poor children demonstrate that important changes occur in peer associations and mundane stressors that affect self perception and academic achievement during the transition to middle school (Seidman, Allen, Aber, Mitchell, & Feinman, 1994).

THE LACK OF A STRONG *achievement motivation may in fact spring from a generalized dysphoria that may affect investment in academic tasks.*

PROCESSES IMPLICATED IN THE ACADEMIC AND EMOTIONAL FUNCTIONING

The challenge facing researchers is to identify processes in high-risk social niches that enhance or impair functioning. There is no dearth of evidence regarding the high rate of debilitating experiences the social niches occupied by poor, ethnic minority children. These include:

1) child history of early deprivation and trauma,

2) family instability and conflict,

3) involvement in the child welfare system, and

4) neighborhood danger and limited resources.

(Basic Behavioral Science Task Force on the National Advisory Mental Health Council, 1996).

THE CHALLENGE FACING *researchers is to identify processes in high-risk social niches that enhance or impair functioning.*

The closest we have come to articulating how these eventuate in academic and socioemotional problems is a stress diathesis model. First, life among the poor is filled undeniably with stressors — mundane and serious. The neighborhood ecology that characterizes the social niches of impoverished children of color include limited outlets for stimulating, cognitively enhancing and recreational activities. In many urban schools, poor children may face instability of teaching staff; low teacher morale; ineffective instructional programs; problems of discipline; weak, distrustful relations between school and families; and limited caretaker involvement in the child's life at school. In addition, crime victimization is associated with emotional disturbance in children, but chronic exposures to violence such as witnessing violent acts in the community is not (Fitzpatrick, 1993).

THE MODEL EMPHASIZES *that children growing up in impoverished communities live under conditions of extreme familial and community stress that severely test their capacity to cope. For children of color and their families, racism is another continuing and virulent source of distress.*

These conditions place demands that divert attention, lower the personal capacity for monitoring/nurturing/control functions of parents, and may impair children's development of self-regulation. In promoting this view of poverty as a multi-dimensional construct, it is neither accurate nor necessary to resurrect from the past, long-discredited notions such as a "culture of poverty." Rather, the model emphasizes that children growing up in impoverished communities live under conditions of extreme familial and community stress that severely test their capacity to cope (McLoyd, 1998). For children of color and their families, racism is another continuing and virulent source of distress. Racial and ethnic discrimination may further account for differences in world views and orientations toward life that affect parents' reports of children's behavioral and emotional difficulties. Some parents may exhibit more resignation in the face of hardship. Others may engage in self-blame for the lack of opportunities available to them or for the lack of respect and courtesy they receive from others. Still others make externalized attribution or system-blame when confronted with racism or racial slights.

FAMILY ROLE

Family life provides the most important potential sources of protection for children occupying these risky social niches. Although family life is shaped by socioeconomic and cultural forces, family strengths such as close supportive relationships, high expectations and fair, consistent discipline can sometimes compensate for the adverse effects of SES on children's achievement. There is great hope for children growing up in homes characterized by warmth, cohesion, enlightened discipline, culture and ethnic identification, supportive extra-familial relationships, and community structures such as churches, neighborhood organizations and schools that effectively promote competence in social and cognitive domains .

FAMILY LIFE PROVIDES *the most important potential sources of protection for children occupying these risky social niches.*

Parental optimism and perceptions of themselves as capable of coping successfully with life's problems are positively associated with children's social and academic functioning (Slaughter & Epps, 1987). ***Social support*** in the family, neighborhood, schools and churches are reported to act as buffering agents as they reduce emotional strain on parents and also help to decrease the presence of punitive, coercive and inconsistent parenting behaviors (McLoyd, 1998). Thus, these social networks have an indirect effect on the economically disadvantaged child's socioemotional development.

PARENTAL OPTIMISM *and perceptions of themselves as capable of coping successfully with life's problems are positively associated with children's social and academic functioning*

The common elements identified in these approaches as mediating developmental outcomes include sociocultural resources such as ***ethnic identity, religiosity*** and ***extended kin networks,*** and individual ***coping styles.*** The relations of these factors to one another and to developmental outcomes are not clear. It is likely that the interaction among these personal and environmental factors constitutes a process through which children accommodate to adverse circumstances and remain on course toward normal social and emotional development.

FAMILY PRACTICES AND ROLE IN CHILDREN'S SOCIAL AND ACADEMIC DEVELOPMENT

Children's adjustment to school is unquestionably affected by the extent to which parents create an environment at home that is conducive to and actively promotes an expanding knowledge of their world, skilled use of language, emergent reading, academic motivation, autonomy, persistence and adherence to social rules. By acts of omission and commission, by the power of warm interpersonal ties and responsive control and by articulating values and transmitting expectations, families most effectively stimulate, elicit and nurture an achievement orientation, instill a balance between conformity and independence, and nurture curiosity, self-regulation and pro-social behavior.

> CHILDREN'S ADJUSTMENT *to school is unquestionably affected by the extent to which parents create an environment at home that is conducive to and actively promotes an expanding knowledge of their world, skilled use of language, emergent reading, academic motivation, autonomy, and persistence and adherence to social rules.*

However, these practices may be influenced by cultural and socioeconomic status. For example, higher levels of maternal education offer a clear and well-documented advantage to parents by enriching the range and nature of interactions with their children in a way that engenders these competencies (Luster and McAdoo, 1996). Differences among parents on socialization goals and practices resulting from ethnicity and culture are asserted but are not well documented. Gaps still exist in our knowledge about the specific strategies parents use, particularly African-American and Latino parents and the efficacy of these strategies either in directly facilitating children's early achievement in reading, math and social competence or in the steps they take to communicate and work with school staff.

WHAT NEEDS TO BE DONE?

Problems in the acquisition of social-emotional competence are important to note in their own right but may gain in significance when we consider their possible role in academic difficulties. Many children who experience delay in the acquisition of early academic skills also present problems of socioemotional functioning. The material hardship and limited educational resources in low-SES families are thought to be so strained that relationships are disrupted and the quality of parent-child relationships are impaired.

> MANY CHILDREN WHO *experience delay in the acquisition of early academic skills also present problems of socioemotional functioning.*

Unfortunately, the capacity of the public sector to meet the mental health needs of young children has diminished over the past two decades. Children's utilization of mental health services has been limited by decreasing mental health budgets.

DIFFERENTIAL ACCESS TO SERVICE

The mental health status of African-American and Latino children has been exacerbated by an historical under-representation of these children among those served by the public mental health system. Children and families of color have been underserved and inappropriately served by public and private human service systems within the United States (Hernandez, Isaacs, Nesman, & Burns, 1998). Similarly, Knitzer (1982) found that ethnic minority children with mental health problems often were not identified and did not receive appropriate treatment. The lack of sufficient mental health services has also been demonstrated for economically strained, urban children of color (Sue & Zane, 1987).

When services are not received for preventable mental health difficulties early in life, we are forced to rely on programs, such as the juvenile justice and child welfare systems, later in life when the problems become more difficult to manage. Even in the child welfare system African-American children were also less likely to receive services than Caucasian children when their degree of need was the same. This resulted in fewer positive outcomes, lengthier out-of-home placements and higher rates of foster care placements (Courtney, et al, 1996). The effects of under-identification and under-service of children of color also are felt by the educational system. However, ethnic minority children with mental health problems are often over-represented in special education classrooms, which may eventually lead to school failure and ultimately school drop out. Thus, the early identification of mental health problems for ethnic minority children early in life, coupled with an effective organization for referral and service delivery, has long-term implications for preventing adolescent problem behaviors and increasing the productivity of future generations.

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The special circumstances and burden of strains experienced by children of color requires additional resources to make it possible for more children of color to achieve academic success and socio-emotional adjustment. There are many promising ideas that emerged in the past five years for ways to intervene that will make a difference in improving their chances of success. Interventions focused on improving and enriching the social and familial environments of children, particularly for young children. All children will prosper in 4-S environments: safe, stable, supportive and stimulating. The following are ways to increase the probability of such environments for children:

- Increase access to high-quality early childhood programs by full funding of Head Start and voluntary universal Pre-K.
- Add courses and group experiences to teacher preparation programs whose goal is to deepen multi-cultural understanding.
- Strengthen the relationships among teachers, children and their families through programs that bring families and community into schools.

- Create hospitable and congenial work conditions for preschool teachers through improved pay and in-service training and support.
- Conduct research to help specify and document culturally sensitive practices with children in early childhood programs.
- Provide high-quality mental health services in primary health clinics, schools and community programs.

Even modest efforts in these areas would go a long way to address the needs of children of color who occupy socially risky niches in society.

ALL CHILDREN WILL ***prosper in 4-S environments: safe, stable, supportive and stimulating.***

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THE VIEW FROM THE FIELD

Promoting Social and Emotional Development in Young Children: The Role of Mental Health Consultants in Early Childhood Settings
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Promoting Social and Emotional Development in Young Children: Promising Approaches at the National, State and Community Levels
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THE KAUFFMAN
EARLY
EDUCATION
EXCHANGE

THE VIEW FROM THE FIELD

PROMOTING SOCIAL AND EMOTIONAL DEVELOPMENT IN YOUNG CHILDREN: THE ROLE OF MENTAL HEALTH CONSULTANTS IN EARLY CHILDHOOD SETTINGS

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INTRODUCTION: THE CHANGING ROLE OF EARLY CHILDHOOD EDUCATION

Early childhood programs fill important educational and economic demands in this country, and are no longer viewed as playful and optional additions to family life. With the advances in the study of brain development in infants and toddlers and research on the early acquisition of learning skills, preschool education has taken on a new significance. Early childhood programs also meet the needs of working families needing out-of-home child care. Most women (nearly 60%) with children younger than age 6 are in the labor force and need child care for at least part of the work week. Recent changes in welfare and workfare legislation have also increased the demands for child care, and more young children are now spending extended days in center-based care. It is now widely accepted that early childhood educators play a major role in shaping children's emotional, social and cognitive development, and help to lay the foundation for future academic success. Many early childhood centers have also become cornerstones of their community, offering parenting workshops, recreational programs and health and education classes.

With their increasing prominence, early childhood programs are typically the first to feel the impact of family stresses. In many urban and some rural communities, Head Start centers and child care programs serve large numbers of disadvantaged families. Many of these children are affected by their parents' struggle to provide for their families' basic needs and to maintain adequate housing and employment, and come to their centers bringing their worries with them. Fewer young children now live in two parent households than at any point in recent times. Across all socioeconomic groups, a large percentage of marriages that have produced children now end in divorce, and 40-50% of children born in this country in the last decade will reside in single-parent homes at some point in their childhood (Dubow, Roecker & D'imperio 1997). With these developments, early childhood education programs are often implicitly or explicitly asked to take a more primary role in child rearing.

The increase in the reported incidence of trauma in families has raised new concerns about the psychological development and educational needs of young children. Violence, both within the home in the form of domestic violence and child abuse, and in the community, has been shown to have a profound impact on children's emotional adjustment and cognitive development (Aber & Allen, 1987; Pynoos & Eth, 1986, Zero to Three, 1994). In families affected by substance abuse, HIV/AIDS, mental illness and other debilitating diseases, children have been forced to deal with the loss or potential loss of parenting figures, often forcing young children to take on caretaking responsibilities. Research has shown that children with many risk factors like those outlined above are far more likely to show signs of emotional maladjustment or behavioral problems (Rutter & Quintin, 1977).

THE INCREASE IN *the reported incidence of trauma in families has raised new concerns about the psychological development and educational needs of young children.*

Young children are especially vulnerable to the disruptions caused by traumatic events, as they do not have well-developed physical or psychological resources to defend against them. They depend on adults to help them make sense of the trauma, heighten their resilience and shield them from its ill effects. When their primary caretakers also are affected, they are less available to provide reassurance to their young children and to help them re-establish their sense of safety and security. As a result, the burden of care for these children often shifts, at least in part, to caretakers outside their home. The child care center often takes on added significance for children impacted by trauma who crave consistency and nurturance and are looking for a safe haven where they can play and learn and focus on more age-appropriate tasks of development.

CHALLENGES IN THE CLASSROOM

Many of the children who have had disruptions in their early development and attachments present with challenging behaviors in the classroom. They may appear to be fearful, disorganized, inattentive and unresponsive to learning (Koplow, 1996). Head Start teachers have reported that their students are displaying more symptoms of emotional distress, including withdrawal and depression as well as acting out and aggressive behaviors (Yoshikawa and Knitzer, 1996). This trend mirrors findings from epidemiological research suggesting an increased prevalence of psychiatric disorder in children, with onset at younger ages (Cohen, Provet & Jones, 1996). Many of the disturbances that emerge in older children can be traced to risk factors present in infancy and early childhood (Werner, 1989).

Many early childhood programs are struggling to adapt to this added responsibility. Teachers and other preschool staff are often overwhelmed by the extent of their children's disturbance or distress, and do not feel they have received adequate training to respond to their needs (Knitzer, 1996). They fear that opening up discussion of traumatic or stressful events might lead to unpredictable emotional reactions in the children that they cannot control. Teachers also often feel pressured to maintain a formal academic curriculum with an emphasis on the mastery of cognitive concepts, and do not feel it is appropriate to use classroom time to deal with their children's emotional turmoil (Hyson, 1994).

MANY EARLY CHILDHOOD *programs are struggling to maintain developmentally appropriate curriculum in the face of external pressure to focus more directly on early academic tasks.*

In addition to coping with an increase in family stresses and childhood trauma, many early childhood programs are struggling to maintain developmentally appropriate curriculum in the face of external pressure to focus more directly on early academic tasks. This trend is seen frequently but not exclusively in middle and upper middle class communities where pressure to compete with peers and stay ahead of age expectancies can add undue stress to children and their families. Preschools that emphasize social and emotional development more than teaching pre-academic skills (learning letters, colors and numbers, etc.) often feel at odds with the parents they serve and, not infrequently, with local school districts whose expectations for kindergarten children are often at the far end of a developmental continuum. As one teacher described the situation in Westchester County, "kindergarten is now equivalent to second grade just 15 years ago." As a result, some preschools feel they must move forward with learning tasks before many children have the developmental skills to succeed, including the ability to separate and work independently, to tolerate frustration and persevere, and to remain attentive and delay gratification.

A COLLABORATIVE MODEL: MENTAL HEALTH CONSULTATION

Given the changes in early childhood education and mental health, the preschool has become, in many ways, the ideal setting for integrating the work of professionals in both disciplines. Forging a partnership between mental health professionals and teachers allows schools to provide a comprehensive approach to the emotional and cognitive development of the children they serve. The preschool is also a logical place for clinicians to reach out and involve parents in their children's development, and to support them in developing their own coping strategies. Unlike the clinic or office, the school provides ample opportunities for more informal and brief interactions between a mental health consultant and parents.

In this way, parents and other family members can come to know the clinicians at their own pace in a familiar setting often before any concerns regarding developmental delays or emotional distress in the children have been noted.

THE PRESCHOOL IS *also a logical place for clinicians to reach out and involve parents in their children's development, and to support them in developing their own coping strategies.*

Early childhood programs are often mainstays in their neighborhoods, respected and trusted by the local population. Joining together with these programs gives clinicians the imprimatur to practice without the same stigma or skepticism that might be applied in the less familiar office environment. The experienced mental health consultant will also seek to learn more about the ethnic and cultural traditions of the families, the program and the local community. The preschool/mental health partnership presents the opportunity to provide interventions that respond to the needs of all the children in the center, not just those with identifiable symptoms of emotional disturbance or those deemed most at-risk. Clinicians can be available to consult on issues of any magnitude, as their primary role is to foster the behavioral, emotional and cognitive development of all children.

THE PRESCHOOL/MENTAL *health partnership presents the opportunity to provide interventions that respond to the needs of all the children in the center, not just those with identifiable symptoms of emotional disturbance or those deemed most at-risk.*

This prevention model includes "check-ups" of all the classrooms through observations and sitting in on team meetings, and "wellness" visits with those children who are responding nicely to the school environment. This approach allows the clinician to not only respond to crises and dire situations but, in some instances, to anticipate them, and provide early intervention to children at risk. In addition, the consultant has the opportunity to acknowledge and enhance the everyday workings of the teachers and staff in the school that create a welcoming environment and foster the social and emotional competence of all the children.

PRECURSORS TO AN EFFECTIVE COLLABORATION: SKILLS AND COMPETENCIES

Developing an effective collaboration between mental health providers and preschools requires a good deal of enthusiasm, respect and support from both parties. The mental health consultant must be careful to develop a set of shared assumptions and goals with the school, and not assume a rigid "expert" stance regarding the ways to enhance the children's development. The process of defining goals should result from a mutual examination that draws on the expertise of both teachers and clinical staff. Consultants must also recognize and appreciate the opportunities available in this setting to have an impact on a wide number of children, parents and educators.

> THE MENTAL HEALTH CONSULTANT *must be careful to develop a set of shared assumptions and goals with the school, and not assume a rigid "expert" stance regarding the ways to enhance the children's development.*

Although clinicians of diverse backgrounds and experience can function in this role, the effective consultant must be flexible and team-oriented, enjoy community-based settings, and be comfortable working autonomously apart from other clinicians. The consultant must also be adept at handling multiple roles and responsibilities, including crisis intervention, parent workshops, child observations and assessments, teacher training and systems work. Perhaps most importantly, consultants should acknowledge their own limitations as sole agents of change, and must seek to share their knowledge and training with teachers and parents who will have the greatest impact on the young children in their community.

> THE PARTNERSHIP IS ENHANCED *when teachers are willing to consider their educational role in broad terms that encompass the social and emotional development of children.*

The partnership is enhanced when teachers are willing to consider their educational role in broad terms that encompass the social and emotional development of children. The mental health collaboration will also be strengthened if teachers are open to new ideas and disciplines, and are willing to integrate these in the classroom. Ideally, they are willing to undertake new challenges with the consultant, to focus on children's feelings and social skills, to confront the sometimes difficult realities of their children's lives, and to reflect on and discuss their own feelings and reactions elicited in their work with the children.

COLLABORATION WITH TEACHERS

The mental health consultant working with early childhood teachers will be more effective if she works to develop an open and respectful relationship with them, that encourages a free flow of information back and forth. The degree of warmth and trust in the relationship will further influence the teacher's acceptance of this "outsider's" presence, and will impact on the children's willingness to relate to the consultant and share their feelings and concerns. At some point, the consultant must prove herself to the teacher, by actively helping in the classroom, dealing with difficult children or being available to discuss personal issues. She should also recognize that the teachers are the key agents of change within the program, and that the work in the classroom will have the most far-reaching impact on the children. Gaining an appreciation that early childhood teachers are also often firmly embedded in the communities they serve, and frequently have long-standing relationships with families that they refer to the consultant, will also serve her well.

Interventions in the classroom often emanate from teachers who look to try out or get approval for their ideas from the mental health consultant. A suggestion to use more transitional objects with foreign-born Andre, a 4-year-old boy with severe separation anxiety, or to provide more "special time" to a 3-year-old Anna, whose father had recently succumbed to a long illness, are but two examples of strategies proposed and carried out by teachers with the consulting psychologist's encouragement. This team approach can demystify notions of "promoting mental health" and assure teachers the consultant is there to support their work and help the children feel more comfortable. In this process, the teachers often come to realize that their goals in the classroom — helping children feel secure, teaching them to share and work cooperatively, working through frustration, helping children to focus and learn self-control — are, in fact, the "cornerstones" of social and emotional competence in young children.

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Classroom management techniques often require more intensive and joint planning, but generally begin with the teacher's request for help with difficult to manage children:

Andrew, 3 1/2- years old, was a whirling dervish in the classroom. Impulsive and somewhat aggressive, he would frequently run about the room crashing into other children or toys, and disturb free play time as well as story time. Early attempts to contain his aggression were fairly successful, as Dr. Jones, the consulting psychologist, and his teacher, Ms. Winn, designed a behavioral plan for school and home that his parent gladly adopted. His impulsivity and hyperactivity continued to wreak havoc, however, especially during circle time. Finally Ms. Winn decided to have Andrew sit in an adult-sized cushioned chair by her side at circle, in which no other children were allowed to sit. Andrew readily took to this idea, and though fidgety and often inattentive, he began to sit through most circle times. Few other children complained about Andrew's "special chair" as they seemed to recognize that his sitting there allowed them to enjoy the teacher's stories. In fact many became protective of Andrew's new position, and would mildly scold each other if they usurped his place.

In this case, the consultant helped to design a behavior rewards system, but played a more critical role in supporting the teacher's ideas for how to contain and manage her student. Together they charted his progress, looking for changes in the frequency, intensity and duration of the targeted behaviors. This process is often critical with more active or impulsive preschoolers, as it highlights that attention, impulse control and inhibition are ***developmental processes***, not fixed entities. Seeing progress toward more self-control and focus is often the key to teachers' being more receptive to these children and less likely to want to label them or, in more severe cases, to ask that they be medicated or removed from their classrooms.

In a well-functioning partnership, even the most traumatic events can be jointly addressed by teacher and consultant:

Ms Marano, an experienced head teacher, and Ms. Andrews, a consulting social worker, had been working closely together at St. Joseph's Head Start for two years. Though initially quite anxious when discussing her children's emotional concerns, Ms. Marano had gained considerable confidence in this area, and knew she could call on Ms. Andrews for support as needed. On one Monday morning, 4-year-old Charles announced to the class that his mother had been stabbed over the weekend. Ms. Andrews was immediately called into the classroom, spoke with Charles and his teacher, and led a brief circle time in which she clarified what had happened, elicited the children's concerns regarding their own and Charles' safety, and offered

them the opportunity to discuss things further with her or Ms. Marano whenever they desired. Ms. Marano did not shy away from this event, and continued to report on Charles' and the other children's progress in team meetings, and to call Ms. Andrews back for check-ups with the class over the next several weeks.

This young boy would have no doubt benefited in any event from having an insightful, experienced and psychologically minded teacher. Yet her ability to call upon the consultant to share the burden of processing this trauma and to follow the mental health professional's lead added a further dimension to her classroom repertoire, and allowed her to explore new emotional territory without major trepidation.

ENGAGING PARENTS

Coming to know parents in early childhood centers is far different than in traditional mental health settings. As mentioned, there are many opportunities for informal contact, at drop-off and pick-up times where parents often gather to have coffee or chat with neighbors, in the classroom with parent volunteers and at parent gatherings or workshops. The consultants may be expected to join in local debates and share some details of their own family and personal life with staff members and parents. Like in therapy, each consultant needs to come to his or her own limits of disclosure, and to assess how these limits impact on the relationship with the center. Yet for many mental health professionals, this less confined role can be a welcome break from the more formal structure of traditional psychotherapy, and gives them to the opportunity to support social and emotional development in a more normative context.

IN SOME CASES, THE *consultant may maintain a relationship with a parent and the intervention may focus on helping the child indirectly, through parent contact and "checking in" with the teacher.*

Often interventions with parents involve brief targeted interventions aimed at remediating specific fears or anxieties of children in the preschool. In some cases, the consultant may maintain a relationship with a parent and the intervention may focus on helping the child indirectly, through parent contact and "checking in" with the teacher:

The Rosens, whose daughter Nancy attended preschool in their suburban town, had watched their home burn to the ground after some faulty wiring ignited a massive fire. The consultant at the preschool, Dr. Douglas, had heard about the fire, but the teacher and school director reported that Nancy, who was a friendly and confident 4-year-old, was doing well, and did not appear to need the consultant's help at school. The family had found a suitable house to rent while their home was being rebuilt, and they all seemed to be coping well. About one month after the fire, Mrs. Rosen called the consultant, and relayed that while Nancy "seemed fine" during the daytime, she was having a terrible time falling asleep, insisted on

sleeping in her parent's bed, and woke up many times during the night. Everyone was exhausted, and Mrs. Rosen felt a mixture of sympathy and anger toward her young daughter.

Mrs. Rosen did not want the consultant to see Nancy directly, but was extremely eager to talk about how to handle the sleep problem at home. They spoke extensively for the next two weeks, and during these conversations the consultant primarily provided a listening ear for Mrs. Rosen, as well as making some concrete recommendations. These included having Mrs. Rosen and Nancy "play about the fire" using dollhouse figures and puppets, using relaxation techniques at bedtime, and having one of Nancy's parents sit in her bedroom as she fell asleep. Mrs. Rosen used some of the recommendations and chose not to try others, and she remained in phone contact with the consultant over the next several weeks. Nancy's sleep disturbance gradually improved, and she also was able to talk about the experience of the fire with more ease. The consultant did not hear from Mrs. Rosen again until later in the spring, when she called to let him know how much better things were going at home.

In this example, the parents made use of the consultant in a spontaneous, circumscribed manner, but such brief interventions often carry meaning that goes beyond the immediate situation. Many parents have reported to us a sense of reassurance and relief in knowing that a mental health professional is on-hand "just in case," to answer questions, listen, and provide an informed opinion when necessary. Just as teachers test the waters with the consultant during the entry period, parents also may try out the consultant to see if this is a person who can be trusted, is approachable and helpful. Even when their encounters are brief, parents' positive experiences with a consultant are likely to encourage them to support the notion of on-site mental health services, to feel more comfortable with mental health professionals in general, and to spread the word to other parents.

Even when they have become a familiar presence, the consultants need to be aware of boundary issues in presenting educational or treatment recommendations to parents, as they may not always be eager to participate and may be confused by the on-site presence of a mental health specialist. Children who display signs of behavioral or emotional problems in early childhood centers have usually not been previously identified as needing services.

Parents who enroll their children in nursery schools or child care are not necessarily seeking support or advice with these issues, as they would, for instance, if they voluntarily came to a mental health provider on their own. Often the need for more parental input will arise when a child's functioning is compromised in the classroom, or when his or her behavior is disruptive and impacts on other children. In these instances, the centers typically ask parents come in and discuss the situation. Parents are more likely to comply with this request and react less defensively if they have a previous relationship with the center, and if the staff and the consultant assume a non-threatening stance in presenting the areas of concern. If there is a healthy rapport, calling parents in for a discussion can be a relatively simple process, and the consultant may well be welcomed as another potential problem-solver:

When Ms. Boudreau was asked to come in to the Little Tots Center to discuss her son's separation difficulty, she was not surprised. Ben, a 3-year-old boy who had recently immigrated with his family from Europe, was tearful and clingy throughout much of the morning, and seemed to be reacting in part to his mother's inconsistency during drop off times. She would sometimes stay briefly and reassure him, but at other times would stay for extended periods as he began to cry or show other signs of distress. In her meeting with the consultant, he suggested that Ben might bring classroom books home that she could translate into French, her native language, to help him feel more comfortable and more connected with his peers. The consulting psychologist advised her to stick to a more consistent pattern in the morning, staying for 10 to 15 minutes to help him settle and then leaving him in the care of his teachers. Within two weeks, this combination of a fixed routine and using books as transitional objects greatly eased Ben's partings with his mother, and he began to more actively join in classroom activities.

OFTEN THE NEED FOR MORE *parental input will arise when a child's functioning is compromised in the classroom, or when his or her behavior is disruptive and impacts on other children.*

The mother in the example was already well disposed towards the school, acknowledged her son's problems, and was not threatened or alarmed by the notion of psychological intervention. The consultant and teacher also had time to discuss the issues in advance, and were hopeful that they could work together with the child and his mother. At times, children's classroom difficulties are presented in a less coordinated and timely manner, to parents who are less prepared to hear about them. The consultant may be asked to intervene when there are strains in the relationship between the parents and the preschool. The goal in these cases is often to improve communication and foster a mutual understanding between parents and staff as well as respond to the current problem:

THE CONSULTANT MAY *be asked to intervene when there are strains in the relationship between the parents and the preschool. The goal in these cases is often to improve communication and foster a mutual understanding between parents and staff*

Ms. Gonzalez worked as an administrator at a public school pre-kindergarten, and her 4-year-old son, Manny, was enrolled in the program. Manny was an active and rambunctious boy who was prone to accidents at home and in school. Previous incidents at the school in which he had sustained minor cuts and bruises had left his parents angry and suspicious, and they believed that Manny's teachers were not providing adequate supervision and did not particularly care for him. In classroom visits, the consultant, Dr. Monroe, did not find that supervision per se was a problem, but he did observe that the teachers were not comfortable with Manny and the three or four other active boys in the class. They ranged from being tentative to sometimes being harsh and overbearing with them. To help the situation, Dr. Monroe had been encouraging the teachers to have more active outdoor playtime, and had himself been trying to organize ball games for these boys. During one of these, Manny was tackled by two other boys and received a fairly serious gash above his lip. He was brought to the nurse who administered first aid, and then contacted Manny's mother, Ms. Gonzalez, whose office was just down the hall. Ms. Gonzalez was furious that she had not been contacted directly by the teachers and by what she again perceived to be a lack of supervision, as nobody could tell her exactly what had happened.

When informed by the director of Ms. Gonzalez's upset, Dr. Monroe stopped in her office at lunch. He explained that he had in fact been supervising Manny, and that the teachers had not been remiss in their duty. He also talked at length with Ms. Gonzalez about Manny's high activity level, and shared ideas about how to help him channel some of his energy and organize himself both at home and in school. He also

encouraged Ms. Gonzalez to sit down with Manny's teachers and raise her concerns directly with them. She scheduled a meeting for the following week and seemed to feel that the teachers heard her concerns. The remainder of the school year passed without any major incident, and the consultant observed that the teachers seemed more attentive and comfortable with Manny.

In the above example, a moment of crisis turned into an opportunity for the parents and staff to take stock of their relationship and openly air their disagreements. Rather than contribute to a lingering resentment by both parties, it forced open the issues between them, helped along by some coaxing by the consultant. The fact that he was involved in the incident placed him squarely in the center of the dispute for a brief time. Though in an awkward position, he worked hard to not be defensive with this mother, nor to shy away from her anger. Being in this position also allowed him to share some of the "blame" with the teachers, and to further empathize with their dilemmas in dealing with active preschool boys.

INTERVENTIONS WITH CHILDREN

The mental health consultant enters the classroom wearing many hats. At times, she observes or intervenes with a particular child or small group of children. After becoming a more familiar presence in the classroom, the consultant may work with the children as a group to support their emotional development or address specific psychological concerns. The consultant and teacher can address these issues during free play and other unplanned interactions, as well as in planned activities such as circle time discussion, story telling, puppet and dramatic play. Mealtimes present an excellent opportunity for such informal exchanges

Ms. Hardy, a head teacher at a nursery school, found that meals were most efficient when the children were encouraged to share the preparation, serving and clean-up, keeping conversation to a minimum. The center's director, however, had recently suggested that informal conversing during meals was an excellent opportunity to support language development. The consultant, Ms. Saunders, felt that such group discussions could also support emotional growth. She felt that the group focus during meals was a natural time to help children express themselves verbally, articulating their own feelings while responding appropriately to the expression of others. Ms. Saunders therefore offered to join the class for meals. The eager and animated young children lost no

time in volunteering to participate in group discussions. Teachers and the consultant typically followed the lead of the children with discussions emerging that ranged from the smells, sight, taste and feel of the food they were eating, to events that occurred at home, to reflections on classroom activities. At times, the consultant did initiate discussion about a topic of some particular relevance to the classroom, such as feelings about a teacher's unplanned absence or an impending holiday or vacation. Sometimes the children would begin talks about bad dreams or monsters, or trouble with younger siblings at home. Despite Ms. Hardy's initial reticence, she soon found that these little chats were not only enjoyable to all, but that they improved the atmosphere in the class without causing breakdown in the carefully cultivated structure of the room.

THE MENTAL HEALTH *consultant enters the classroom wearing many hats.*

Some teachers express the understandable concern that the unstructured nature of more free-flowing conversation will contribute to disorder in the classroom and indeed, depending on the content, this can occur. While verbal expression of more negative feelings can, at times, lead to a more expressive, less controlled atmosphere, this short-term consequence is usually outweighed by the gains in understanding and support that occur when such themes are opened for discussion. Children are, in fact, more likely to become unruly and disruptive when their feelings remain unspoken but continue to lurk beneath the surface, and are often notably calmed when given the opportunity to express themselves to adults who listens to them. These group discussions are not meant to be biased toward more difficult or painful emotional content – the children are free to express both negative and positive thoughts and feelings. The open sharing of joy, excitement and other warm feelings is an equally important part of establishing an emotionally supportive environment in the classroom, especially for children who live in more difficult or deprived home environments.

CHILDREN ARE, IN FACT, *more likely to become unruly and disruptive when their feelings remain unspoken but continue to lurk beneath the surface, and are often notably calmed when given the opportunity to express themselves to adults who listens to them.*

In some cases, mental health consultants also are available to provide brief assessment and treatment services for the children. Some centers are set up to allow the consultants to provide on-site treatment or to work 1:1 with a child in the classroom. Early childhood teachers often identify children who could benefit from brief, preventive intervention. The most frequent referrals are for children with behavior problems or those with symptoms of depression or anxiety. Parents are always contacted and consulted prior to any individual meeting with a child, and always need to be part of planning any ongoing interventions.

Ideally, both parent and child get support that strengthens their resilience and improves their relationship with each other:

Philip, a 4-year-old was referred for brief treatment after his teachers became more aware of his isolation, and self-deprecating remarks and behaviors. Philip's mother was depressed and overburdened, and at that time, she was unable to offer much support to him. She frequently referred to him as "bad" and compared him negatively to his younger brother, and openly expressed a wish to be rid of him. In the early phase of treatment, Philip would repeatedly depict a mother rejecting and killing her son, and then running off with her younger child.

Philip's therapist openly discussed his mother's difficulties, but also emphasized and attempted to engage his strengths and skills, particularly his keen intelligence. She supported and facilitated Philip's creative use of materials and his dramatic and symbolic play. She also helped his teachers to likewise identify and support his strengths and need for nurturance. They readily accepted these suggestions and began to apply them to other children in the class as well, focusing on how each was a "special person."

Work with Philip's mother was initially difficult, as her depression had left her detached from his feelings as well as her own. She did however, support his treatment and the classroom interventions, and gradually began to identify with the positive view of Philip communicated to her by his therapist and teachers. After leaving his nursery school, Philip was granted a scholarship to a local parochial school. Proud of his achievement, Philip's mother was an enthusiastic participant at his "graduation," and became more actively involved with his schooling the following year.

Some consultants may have opportunities to work with children in small groups. Preschool groups can serve a variety of purposes: socialization, development of empathy, and growth of interpersonal skills through play and group discussions. Groups provide another way to reach young children whose development may be negatively affected by stressful life events, reflected in maladaptive behaviors such as withdrawal, aggression or hyperactivity. By observing and working with children's issues in the small group setting, the therapist can observe and further assess social and emotional problems identified in the classroom, interpret and address problems in peer relationships and intervene to improve adjustments to transitions, listening and turn-taking. Often children are identified for a group based on similar experiences or behavior:

SOME CONSULTANTS MAY *have opportunities to work with children in small groups. Preschool groups can serve a variety of purposes: socialization, development of empathy, and growth of interpersonal skills through play and group discussions.*

In one group of boys attending an urban child care center, the children often played about "fathers." The consultant was aware that in reality many of the boys' fathers were absent from their lives. They continually pretended to be truck drivers, construction workers, and dads going shopping. They used the telephones to make "calls" to their fathers and often assumed self-consciously "macho" roles, which at times included aggressive or provocative behaviors. The therapist attempted to bring the feelings and thoughts represented by this play into the verbal arena, making simple comments such as, "You boys really think a lot about your dads," or "I wonder if George misses his dad." These play sequences and narrative comments eventually stimulated a more direct discussion of the children's feelings of disappointment and their longing to connect to adult male figures.

Sometimes children respond to the consultant's words, elaborating the play or making a revelation about their lives. At other times, words seem to fall on deaf ears, and the children do not necessarily respond to what is said. However, even when children are not yet able to make use of interpretations or even simple invitations to talk about their lives, they benefit from the opportunity to play out their feelings and issues in the supportive group milieu.

CHILDREN AND FAMILIES *also benefit from the combined focus on children's social and emotional development and early intervention efforts aimed at preventing more serious problems from developing later on in childhood.*

CONCLUSION

A strong preschool/mental health partnership can lead to decisive change and can leave programs with more effective tools to meet their children's needs (Donahue, 1996; Donahue, Falk & Provet, 2000; Goldman et al, 1997). The shared vision of professionals can give staff new hope that they can confront difficult behaviors and emotionally charged material in the classroom. Children and families also benefit from the combined focus on children's social and emotional development and early intervention efforts aimed at preventing more serious problems from developing later on in childhood. In addition, an effective mental health collaboration can enhance a program's resilience, and reduce the stress of staff as they join together to face the day to day challenges of meeting the educational and emotional needs of the young children they serve.

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THE VIEW FROM THE FIELD

PROMOTING SOCIAL-EMOTIONAL DEVELOPMENT IN YOUNG CHILDREN: PROMISING APPROACHES AT THE NATIONAL, STATE AND COMMUNITY LEVELS

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RATIONALE FOR NATIONAL, STATE AND LOCAL INITIATIVES

Over the last decade, there has been growing awareness of the scientific evidence that effective interventions delivered to young children and their families can have long-term positive outcomes (National Research Council and the Institute of Medicine, 2000). Research on early brain development bolsters intervention studies that suggest that small shifts in the developmental trajectories of young children can have lasting effects. Increasingly, these studies have used rigorous scientific designs, such as randomized trials (e.g., the Infant Health and Development Program) and longitudinal studies of populations at risk (e.g., Chicago Parent-Child Center). These results have motivated policymakers and program managers to identify vulnerable groups of young children and seek out effective strategies that can be delivered to these children and their families.

> THE RESEARCH IS CLEAR: *child care affects children's development; but it is the quality of care, not the amount of hours spent in child care.*

At the same time, more and more young children in this country are spending longer days in child care settings. Sixty percent of women whose children are under the age of three are participating in the work force (Phillips & Adams, 2001). Data from the National Institute of Child Health and Human Development (NICHD) Study of Early Child Care — a nationally representative sample of 1,200 families — provide a snapshot of what the child care implications of these employment trends. In their sample, nearly three quarters of all infants under the age of 1 experienced regular, non-parental care; often their entry into child care occurred prior to 4 months of age. Women who had experienced periods of poverty and/or welfare dependence placed their infants in care prior to 3 months of age, as compared to women with more financial resources who typically waited longer to begin non-parental care. Infants were in non-parental care and average of 28 hours per week; and these figures tend to increase as children get older (Phillips & Adams, 2001). The research is clear: child care affects children's development; but it is the quality of care, not the amount of hours spent in child care. Unfortunately, high-quality infant care is out of the economic reach of many of the families who need it most — those families who are poor, lacking in maternal education and exposed to other risk factors for poor developmental outcomes.

In recognition of many of these trends, the nation's governors embarked on a series of initiatives that focused on young children and their families (McCart & Steif, 1995; Steubbins, 1998). As governors grappled with how best to prepare children who arrive at kindergarten "ready to learn," there was a growing realization that achieving this goal would require more than increased cognitive stimulation for our youngest citizens. In fact, school readiness appears to be intimately tied to social-emotional development. When teachers report that between one-quarter and one-third of their preschoolers are not ready to succeed in school, often it is because of a lack of behavioral and emotional maturity rather than not knowing their numbers and letters (Knitzer, 2000).

AS GOVERNORS GRAPPLED *with how best to prepare children who arrive at kindergarten "ready to learn," there was a growing realization that achieving this goal would require more than increased cognitive stimulation for our youngest citizens.*

States have also faced challenges as they have continued to implement early intervention programs for young children with disabilities and those at risk for developing disabilities under the Individuals with Disabilities Education Act. As early intervention systems have developed and matured across the nation, state program managers have begun to confront the need to go beyond traditional center-based, therapeutic approaches (i.e., occupational, speech and/or physical therapy). Especially in states where they are serving children at risk for developing delays, the need to expand services to include social-emotional outcomes and relationship-based services has come to the fore (Indiana Family and Social Services Administration, 2001).

Child care providers are reporting increasing numbers of youngsters who are at-risk for removal from their care because of behavioral and/or social-emotional challenges. Kindergarten teachers are reporting high numbers of children entering school not ready to succeed.

These national trends converge in communities across the country. Parents who are working harder and longer hours are searching for high-quality child care environments for their young children. Child care providers are reporting increasing numbers of youngsters who are at-risk for removal from their care because of behavioral and/or social-emotional challenges. Kindergarten teachers are reporting high numbers of children entering school not ready to succeed. National, state and local stakeholders are coming together to develop promising approaches to meet these needs and promote positive mental health for young children and their families.

SUMMARIES OF PROMISING APPROACHES

Given the overwhelming interest in early childhood mental health that has burgeoned over the past five years, it is difficult to select only a few national, state and community efforts to include in this paper. That such difficulty exists at all is a promising indicator of change and growth in the field. Only a handful of early childhood mental health initiatives have a history that extends beyond the mid-1990s and these examples provide some important lessons for a field that is still in its own toddlerhood. At the national level, Head Start has a long-standing commitment to a comprehensive view of early childhood development that includes mental health outcomes as an explicit part of their health component. At the state level, Michigan has had a long-standing commitment to infant mental health and relationship-based interventions. And in Cleveland, Ohio, the PEP program has been serving preschool children with significant emotional and behavioral problems for nearly 20 years.

For this paper, we have selected some examples of programs with long histories and some that are more recent in their inception to highlight the range of different approaches that states and localities have taken to promote early childhood mental health. National initiatives described include Early Head Start and Starting Early Starting Smart. State examples include Vermont's system of care development for young children and their families, Florida's strategic planning and billing processes and Maryland's initiative to infuse mental health prevention, promotion and treatment into their early childhood systems. Ohio's state-level activities to support early childhood mental health as well as Cleveland's successful community-wide, comprehensive program will be described. And finally, San Francisco's creative use of TANF and state tobacco funds to fund mental health consultation to child care will be shared.

NATIONAL INITIATIVES

EARLY HEAD START. Building upon the success of Head Start in providing comprehensive child development services to more than 18 million low-income children since 1965, the Federal government added a new program to meet the needs of America's youngest citizens. The 1994 reauthorization of the Head Start program was motivated by the growing evidence of the importance of the first three years of life and expanded the program to pregnant women and families with infants and toddlers. Today, Early Head Start serves more than 55,000 children across the country through flexible, community-based services including home visits, child development, health (including mental health), disability and nutrition services (Fenichel & Mann, 2001). Head Start Performance Standards provide guidance on addressing a continuum of mental health needs — from promotion to intervention — through ongoing communication between families and staff, community collaboration for appropriate service delivery and the provision of on-site mental health consultation.

TODAY, EARLY HEAD START ***serves more than 55,000 children across the country through flexible, community-based services including home visits, child development, health (including mental health), disability and nutrition services.***

Early Head Start's infrastructure, training and technical assistance, evaluation and research acknowledges the primacy of healthy, reciprocal, nurturing relationships between infant and caregiver as fundamental to later success in school and life. At the program level, however, it is often difficult to create the kind of environment and community linkages that assure success in meeting the behavioral health needs of infants, toddlers, their families, and the staff who serve them (Chazen-Cohen, Jerald, and Stark, 2001).

Several programs across the country have taken a proactive approach integrating mental health practices into the daily routines of staff, children and families, and can serve as models for other programs to emulate. One such Early Head Start grantee, a community mental health center in Ohio, has contracted with a local university to provide intensive training on infant mental health for all staff members — home visitors, supervisors and administrators. Ongoing reflective supervision of staff, using a case conferencing approach, is an integral component of the program. The EHS director reports that the staff feels very supported in their work with infants and families and that staff turnover, a severe problem in Head Start and child care programs, has been lessened.

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Recently, the Administration on Children, Youth and Families (ACYF) convened a forum on infant mental health that brought together more than 140 stakeholders involved with EHS. Through presentations by and discussions with nationally recognized clinicians, practitioners, parents, researchers, and federal and foundation officials, consensus was reached on an action agenda that will guide the next phases of the work on infant mental health in EHS. There was widespread acknowledgement that EHS and child care alone cannot provide the range of supports and services needed to meet the varied needs of infants/toddlers and their families. Programs must partner with other community agencies as well as state and local officials to build systems of care for these families. ACYF recently funded new technical assistance and training initiatives at ZERO TO THREE and the Center on the Social and Emotional Foundations for Early Learning, at the University of Illinois, to focus on promoting early mental health in EHS, Head Start and child care.

PROGRAMS MUST PARTNER *with other community agencies as well as state and local officials to build systems of care for these families.*

STARTING EARLY STARTING SMART. The Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the Casey Family Foundation, has funded a rigorous multi-site research and demonstration effort — referred to as Starting Early Starting Smart (SESS). The emphasis in SESS is on the integration of behavioral health services into accessible, non-threatening settings where families naturally take their children. The current SESS sites serve children and families in early childhood educational settings and in primary pediatric health care facilities. Primary care sites are located in Boston, MA, Albuquerque, NM, Spokane WA, Miami, FL and Boone County, MO. Early childhood education sites are located in San Francisco, CA, Little Rock AR, Las Vegas. Baltimore MD, Montgomery County, MD, Chicago, IL, and the Tulalip Tribes, WA.

Children and families are served in the rural, urban and suburban neighborhoods in which they live through services that are integrated, accessible, and culturally competent. The design of the model encourages creative approaches that meet the unique needs of the population being served. For example, in one community a native elder, a storyteller in the tribe, works weekly with children in the preschool to help them deal with their fears, build a sense of identity and connect to their heritage through traditional stories.

THE EMPHASIS IN *Starting Early Starting Smart is on the integration of behavioral health services into accessible, non-threatening settings where families naturally take their children.*

SESS has a strong steering committee made up of the Principal Investigators and Coordinators from each site, family members, the Data Coordinating Center which is responsible for the cross-site research, federal partners and Casey Family Foundation representatives. The quality of family participation became enhanced later in the project when SAMHSA and Casey contracted with the Federation for Children's Mental Health. The role of this committee was to design the cross-site evaluation, review and select instruments, share strategies, solve problems, explain findings, author articles, make presentations and guide the organic nature of a field-based, early intervention, research and demonstration program.

Recognizing that fragmentation of services and agencies and the lack of culturally, linguistically and developmentally appropriate services often keep families from accessing needed services, SESS broadly focused on the following goals:

- increasing access and utilization of services;
- promoting collaboration at the community level to promote services integration;
- improving parenting skills and family well-being; and
- strengthening child development.

> THE TYPES OF SERVICES *that were created, adapted, or accessed were tied together through care coordination of services and supports that were "wrapped around" families through the development of a strengths-based, family participatory process.*

The types of services that were created, adapted, or accessed were tied together through care coordination of services and supports that were "wrapped around" families through the development of a strengths-based, family participatory process (Hanson, Deere, Lee, Lewin, and Seval, 2001). Intervention services include: child development services, family/parenting services, mental health services and substance abuse treatment services.

Unique approaches led to successes in each of the sites. For example, connecting families to mental health services had been very difficult in San Francisco's China Town. So the SESS site hired and trained cultural brokers who spoke the languages of the families served, understood their beliefs and values, and developed trusting relationships with them. These trusted brokers acted as care coordinators, helping families feel comfortable using needed services. In another location, a small group of mothers with newborn infants came together with their babies to create baby-books while dealing with their guilt and struggles around substance abuse. The typical activity helped the mothers identify and appreciate their infant's unique characteristics while they dealt with the past and looked hopefully to the future.

STATE AND LOCAL INITIATIVES

VERMONT. At present, Vermont is the only state that has built a statewide system of mental health services and supports, integrated into the early childhood-serving system. The impetus for their efforts came from a survey that showed 30% of the state's young children lacked the emotional and other skills to succeed in school. At the same time anecdotal reports of children exhibiting increasingly disturbing behaviors prompted the state to take action. They used these data to obtain funding for the Children's Upstream Project (CUPS), from the federal Children's Mental Health Services Program, and from SAMHSA. CUPS built on the existing network of state and regional teams focused on other early childhood issues (i.e., quality improvement, shared standards across early childhood settings, and Vermont's home visiting program for all newborn infants). Included in these partnerships are mental health, substance abuse, domestic violence, and public health agencies. This initiative stretches both the early childhood and the mental health "vision" of who needs to come together to share responsibility for promoting the well-being of young children (Knitzer, 2000).

VERMONT IS THE ONLY STATE *that has built a statewide system of mental health services and supports, integrated into the early child-serving system.*

At the local level, services are developed to be responsive to the unique needs that emerge in each community. When families' mental health needs exceed the professional expertise of a nurse, mental health providers conduct home visits. Mental health consultation is provided as needed to child care, Head Start and preschool programs. And a growing number of play group and parent-to-parent support groups have mental health facilitators. Several communities have mental health personnel stationed in pediatrician's offices to screen children and to provide guidance to families who have concerns about social and emotional issues. For young children identified as having significant mental health needs, "wrap around" individualized services are provided to the family.

For example, a child care provider was concerned about the withdrawn behavior of a 3-year-old in her class and referred the young mother to CUPS. The child's mental health practicioner met with the family and quickly suspected that the mother was struggling with severe depression and referred her to a colleague for treatment. At first, the mother only wanted services for her daughter, but over time, as a result of the trusting relationship with the child's mental health worker (who became the family's service coordinator), she agreed to get help for herself. The mother attributes the tenacity and support of the service coordinator with saving her family.

At the state level CUPS has convened a task force on sustainability and blended funding, developed early childhood mental health competencies for providers, and funded a consortium of colleges and universities to provide training on early childhood mental health to local providers and family members. The state is working with existing parent support and education groups to infuse mental health issues into their services. Emergency mental health crisis teams have been trained to address the needs of families and providers of young children. A separate evaluation is tracking the outcomes of the CUPS initiative.

FLORIDA ENGAGED IN *a statewide strategic planning process to build a system of mental health services for young children and their families.*

FLORIDA. With more than one million children under age 5, Florida struggles with meeting these children's needs for health, safety and emotional well-being. As in many states, there are a dearth of early services, inadequate funding and a lack of qualified staff. To address these issues, Florida engaged in a statewide strategic planning process to build a system of mental health services for young children and their families (Florida State University Center for Prevention and Early Intervention Policy, 2000). The stakeholders came to consensus on a continuum of services that includes:

- prevention services that promote responsive caregiving and strengthen the child/caregiver relationship (level one);
- services that provide developmental, relationship-focused early intervention services for children at risk of or with delays, disabilities, chronic health problems, exposure to violence and abuse or neglect (level two); and
- services that provide specialized mental health treatment for severe emotional problems or parent/baby dyads with specific needs (level three).

Following the successful planning process, the Florida legislature funded three pilot projects to provide infant mental health services through different points of entry. In addition to the comprehensive plan that provides a model for other states to emulate, Florida has updated its mental health services coverage. Medicaid guidance now allows for individual or family therapy, allowing for relationship-based treatment; licensed practitioners can enroll as treating providers and authorize services on a recipient's treatment plan; and a section on serving children birth to 5 years was added to the State plan. In a precedent-setting move, the new guidance specifically cites the use of the ***Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood (DC: 0-3)*** diagnostic codes (Johnson, 2001).

FOLLOWING THE SUCCESSFUL *planning process, the Florida legislature funded three pilot projects to provide infant mental health services through different points of entry.*

ANNE ARUNDEL COUNTY FUNDS *two behavioral interventionists who consult to all child care providers on a first-come-first-serve basis in an effort to keep children from being expelled from child care.*

MARYLAND. Historically, counties in the state of Maryland have a great deal of autonomy. During the last decade the state made a commitment to reforming their child-serving systems, and county governance structures called Local Management Boards were established as forums to promote collaboration and coordination of services for children and families. Local Management Boards (LMBs) are the vehicles through which local responses to service needs of children residing in each jurisdiction are developed. Currently, there are a number of LMBs that have identified early childhood mental health as a priority area and there are initiatives funded through a combination of county dollars, private funds and state/federal grant awards. For example, Baltimore City was one of the SESS sites, successfully integrating an on-site mental health collaboration project that is being sustained by the city's children's mental health agency. Anne Arundel County funds two behavioral interventionists who consult to all childcare providers on a first-come-first-serve basis in an effort to keep children from being expelled from child care. Part C and Section 619 special education discretionary dollars have been used to fund a mental health consultant in a public preschool and kindergarten in rural Allegheny County, and mental health consultation is available through the Infants and Toddlers Program in Montgomery County.

In an effort to develop a more systematic approach to ensuring that appropriate mental health services and supports were available to young children and their families across the state, the Department of Mental Health and Mental Hygiene initiated a statewide planning and implementation process. Following the recommendations developed at a strategic planning retreat in 1999, a state steering committee was established. The group is co-chaired by the Departments of Mental Health and Education with active participation from a variety of stakeholders including the Governor's Office for Children, Youth and Families, child care and Head Start programs, resource and referral agencies, family organizations, Departments of Human Resources and Juvenile Justice, Local Management Boards and practitioners. The mission of the Early Childhood Mental Health Steering Committee is to develop strategies to infuse mental health prevention, promotion and treatment services and supports into existing early childhood programs, settings and initiatives.

The Steering Committee initially identified five goals:

- *To understand the current system of care by assessing current needs, resources, and gaps in mental health services to young children and families;*

- ***To develop and advocate for an integrated early childhood mental health system of care, including specific elements which will be identified, defined and developed;***
- ***To develop and implement a curriculum/training/certification process for early childhood/family mental health professionals that is early childhood specific with its foundation in child development and mental health;***
- ***To develop a consumer input and family feedback system to inform the steering committee and the service delivery system; and***
- ***To design and offer mental health consultation to recognize mental health issues to all early childhood service settings in Maryland, including consultation to families and service providers.***

During the first year, subcommittees were established to work on the first two goals (i.e., a Needs Assessment Subcommittee and a System of Care Subcommittee, respectively). As a result, there is an agreed-to vision of what a system of care to promote early childhood mental health would look like in Maryland. This vision informed the work of the Needs Assessment Subcommittee. A consultant has been identified and funding from three partner agencies has been committed to complete a statewide assessment of the need for and capacity to deliver early childhood mental health services and supports in each county. Recently, subcommittees were also established to examine the current array of in-service and pre-service training opportunities across the state to enhance the quality of provider's skills at all levels. There is a great deal of interest in this issue in the Maryland legislature and several hearings have occurred. Legislation is being drafted that would provide counties with some state funding to support expansion to their early childhood mental health services and supports.

A MODEL DEMONSTRATION *project funded by the Ohio State Department of Mental Health encourages local collaboratives or programs to apply for competitive awards to provide mental health consultation to child care, Head Start and other preschool programs across the state.*

OHIO AND CUYAHOGA COUNTY. Ohio has a long history of investing in early childhood education and support, and is one of a few states that is providing public preschool for all at-risk 4-year-old children. Several state agencies have collaborated to address the area of early childhood mental health, including the Governor's Office. TANF funds are used to provide mental wellness programs for infants and their parents — including printed information on social-emotional development that is sent to all families of newborn children. A public awareness campaign in partnership with public television provides families with access to developmental information on cable and public broadcasting. An investment in training for child care providers assures higher-quality environments for young children and staff who understand the social and emotional development of young children.

A model demonstration project funded by the Ohio State Department of Mental Health encourages local collaboratives or programs to apply for competitive awards to provide mental health consultation to child care, Head Start and other preschool programs across the state. To assure that mental health clinicians have the skills to deliver consultative services, the state has invested in ongoing staff training. Data are being collected on the effectiveness of services, with the goal of expanding the model statewide. The state also invested in funding local early childhood home visitation programs that promote mental health and reduce child abuse.

One of the community agencies that provide both mental health consultation and home visiting is the Parent Intervention Centers of the Positive Education Program (PEP) located in Cuyahoga County (where Cleveland is located). PEP is a highly respected, parent-driven early intervention program for the most challenged and challenging children and their families. The goal is to empower parents to work effectively with their children. Families are paired with a "graduate parent" who is the facilitator of sessions between parents and their children. Problem behaviors are targeted, an individualized treatment plan is collaboratively developed, and services are provided in ways that help the family — at home and in the community. Sessions are observed and supervised by mental health professionals.

PEP expanded its array of services to include Day Care Plus, a collaborative effort between the PEP, the Cuyahoga Mental Health Board and a local child care resource and referral agency. Day Care Plus provides mental health consultation teams (made up of mental health consultants and family advocates) to more than 30 family and center-based child care programs in Cleveland. The explicit goals are to maintain young children with challenging behaviors in their existing child care settings, and to increase the competencies of child care staff (in order to improve the quality of the program, reduce staff stress and, ultimately, staff turnover). In addition to center-based consultation, a Community Response Team has been added to provide crisis intervention and consultation.

SAN FRANCISCO. In 1999, the San Francisco Departments of Public Health, Human Services, and Children, Youth and Families pooled more than $2 million to provide mental health consultation services to more than 50 child care centers and more than 100 family child care homes within San Francisco. Funds come from a combination of Medical, TANF and local funds to Community Mental Health Services, Department of Health, which manages the initiative. Services are provided by a variety of grantee agencies with experience serving children and families from a wide range of ethnic and racial groups.

IN 1999, THE SAN FRANCISCO *Departments of Public Health, Human Services, and Children, Youth and Families pooled more than $2 million to provide mental health consultation services to more than 50 child care centers and more than 100 family child care homes within San Francisco.*

The consultation services are both individual/direct (i.e., services provided directly to child or family) or programmatic/indirect (i.e., services that enable staff at the child care center or home to understand and handle a situation on their own). Direct services range from individual therapy, play groups, behavioral plans, assessment, parent groups or crisis intervention. Indirect services address communication issues between staff members or staff and families, leadership issues, racial and cultural conflicts, and staff and family education about mental health.

IMPACT OF PROMISING PRACTICES

While there has been tremendous growth in efforts to promote early childhood mental health over the last decade, efforts to rigorously assess the impact of these activities are less well developed. It should be noted that, as a field, we face some inherent difficulties in evaluating the impact of these initiatives. Some of these barriers include limited funding available for evaluations, difficulties in establishing appropriate comparison groups, wariness on the part of community-based providers about random assignment of high-risk clients, and a lack of well-established measures for assessing early childhood mental health (versus behavior problems). Some of the efforts described above have attempted to overcome these challenges and document the effectiveness of their interventions.

AS A FIELD, WE FACE SOME *inherent difficulties in evaluating the impact of these initiatives. Barriers include limited funding for evaluations, difficulties in establishing appropriate comparison groups, wariness of community-based providers about random assignment of high-risk clients, and a lack of well-established measures for assessing early childhood mental health (versus behavior problems).*

- EARLY HEAD START (EHS) has built into the initiative a rigorous national evaluation that is collecting qualitative and quantitative data. The first wave of data reported on the efforts of 17 grantees during their first two years of operation. When compared to a randomly assigned control groups, toddlers who had participated in EHS for at least one year scored higher on cognitive, language and social-emotional measures. Parents who participated also showed improvements in their knowledge of infant/toddler development, positive parenting behavior and decreases in their parenting stress and family conflict. These positive findings were also tied to the quality of the program's implementation — families did better in those sites that scored high on the core components of the Head Start Program Performance Standards (Fenichel & Mann, 2001).

THE STARTING EARLY *Starting Smart study is guided by two research questions:*

(1) Will integrating behavioral health services into primary/early childhood care settings lead to higher rates of entry into prevention, early intervention or treatment services?

(2) Will integrating these services lead to sustained improvements in the outcomes of participating children and families?

- STARTING EARLY STARTING SMART (SESS) also included a rigorous cross-site external evaluation as part of its implementation. This 12-site study is guided by two research questions:

  (1) Will integrating behavioral health services into primary/early childhood care settings lead to higher rates of entry into prevention, early intervention or treatment services?

  (2) Will integrating these services lead to sustained improvements in the outcomes of participating children and families?

  Service use and outcomes will be compared for those families at intervention sites and control sites. Child domains such as attachment, behavioral competence, social competence and language and cognitive development are being measured as are parent and caregiver behaviors, skills and functioning. Preliminary data from the cross-site study are due to be released in November 2001 (Hanson, Deere, Lee, Lewin & Seval, 2001).

- VERMONT has a three-tiered approach to evaluating CUPS. At the federal level, the Center for Mental Health Services (through its contract with MACRO International) is collecting child and family data from all its grantees. To supplement the federal evaluation, the State Evaluation Team is collecting data on two vulnerable populations:

  (1) children under 6 who are experiencing severe emotional disturbance (SED) and require services from more than one agency; and

(2) adolescent parents (under the age of 22) who are experiencing SED and are served by more than one agency.

Finally, local grantees are able to collect site-specific evaluation data with support from the State Evaluation Team. Specific evaluation results (as of 12/2000) support the program's positive impact on young children and families. As a result of the CUPS project, more than 1,000 children and their families received case management, home-based services, respite crisis outreach or other direct services. Of the families who were referred for a CUPS evaluation, 80% had very high levels of parenting stress (as measured by the Parenting Stress Index (PSI)). Nearly one-third of parents described aggressive behavior as their primary concern about their child, and one-quarter identified temper tantrums as their biggest concern. After six-months, significant decreases in parenting stress were observed in 10 of the 13 sub-scales of the PSI. Significant decreases in children's problem behaviors were also evidenced by lower scores on both the externalizing and internalizing subscales of the Child Behavior Checklist.

EIGHTY PERCENT OF *the families who were referred for a CUPS evaluation had very high levels of parenting stress (as measured by the Parenting Stress Index [PSI]).*

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· POSITIVE EDUCATION PROGRAM (PEP) and Day Care Plus have designed a research study to examine the effects of their mental health consultation program. Twenty child care centers were matched on demographic parameters and one member of each pair was randomly selected to receive the intervention. Baseline data on children, parents and staff were collected in 1997 and follow-up data were collected 12 and 20 months later. One of the dimensions that the study is tracking is the rate of expulsions from child care settings at the control and intervention sites. Parents and staff will be assessed on their ability to manage difficult behaviors and link with appropriate community resources. Another potential impact of the consultation — reduction in staff burnout, stress, and turnover — will also be compared across sites (Cohen & Kaufmann, 2000).

Impressive evaluation results have been reported for the second year of the project's implementation. Day Care Plus services were accessed on behalf of 270 children served in 83 child care centers. Only 11 children who were at risk for expulsion were actually removed from their child care placement; five of those 11 were withdrawn by their parents. Day Care Plus provided a range of services to support the child care providers including on-site consultation, a coordinated arts program, and one-on-one aides. Parents were also the direct beneficiaries through individual meetings and group training sessions (Positive Education Program, 2001).

- SAN FRANCISCO reported on their results of a year-and-a-half external evaluation of their ***High Quality Child Care Initiative*** (Tymminski, 2001). The primary focus of the evaluation was to determine whether mental health consultation had significantly affected the quality of the child care delivered in the eight sites, staff job satisfaction, and/or social-emotional behaviors in young children. Half of the items from the Early Childhood Environments Rating Scale (ECERS) were administered at all of the sites as a measure of program quality; items selected focused on characteristics of relationships between staff and children, parents and staff, etc. These quality indicators did not change as a result of the consultation. Job satisfaction among staff at these centers was high at baseline and remained high. The intervention appeared to have positive effects on the children served; at baseline, the children exhibited on average a 20-month lag in social skills as measured by the Vineland Adaptive Behavior Skills, but after the intervention, this group had only a nine-month delay. Unfortunately, the evaluation design did not include data collected from a group of similar children who had not received the intervention against which these developmental changes could be compared. Other findings pointed to a greater effect from child-specific (versus program-focused) interventions and good effectiveness from group therapy approaches.

THE INTERVENTION APPEARED *to have positive effects on the children served; at baseline, the children exhibited on average a 20-month lag in social skills as measured by the Vineland Adaptive Behavior Skills; but after the intervention, this group had only a nine-month delay.*

IMPLICATIONS FOR NATIONAL, STATE AND LOCAL POLICY AND PRACTICE

The increase in activities at the national, state and local levels designed to promote social and emotional development in young children appears to be having some of the desired effects. In order to broaden and sustain early childhood mental health services and supports across this country, there are a number of implications for policymakers and practitioners who are committed to helping the next generation prepare to succeed in school.

- There is a need to focus on the primacy of relationships in fostering early childhood mental health and acknowledge the inherent complexity of working with young children (and their families), especially those at highest risk. Families' cultural norms, beliefs and values intimately affect these relationships.

- Growing diversity in the U.S. population requires people involved at all levels (e.g., program designers, managers and front line staff) to improve their cultural competency. This requires a commitment to training existing personnel as well as recruiting members of cultural groups to be a part of these initiatives.
- Strategies to reach populations that are at highest risk for poor social-emotional development must be tailored to meet their unique needs (i.e., young children of mothers involved with welfare reform, young children with disabilities and those involved in the child welfare system).
- There is an urgent need to identify and train a cadre of mental health professionals who understand the unique developmental challenges of children, ages birth to 5, and can serve as consultants to early childhood professionals. There is a concomitant need to better equip early childhood professionals to meet behavioral and emotional needs of young children in their care, one component of this is raising the overall quality of child care provided across the country.

IF WE CONTINUE AS A NATION *to commit ourselves to meeting the social and emotional needs of our youngest citizens, those children will be more successful in school and in life.*

- The early childhood service system is a complex mix of programs, agencies, providers, and initiatives, often poorly funded, and without a consistent coordinating mechanism at the state and local levels. A first step in developing an integrated early childhood mental health system is the need for infrastructure development. Key stakeholders across agencies and programs must come together to develop a common vision, set priorities, understand diverse mandates and perspectives, and develop a strategic implementation plan.
- As systems of care develop, there is a need to address the inherent gaps in funding and billing for mental health consultative services for young children and families and child care providers.

If we continue as a nation to commit ourselves to meeting the social and emotional needs of our youngest citizens, those children will be more successful in school and in life. Some of these children will avoid costly and more intensive remedial services at a later age, and they will be better able to develop friendships and ultimately nurture their own children.

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IMPLICATIONS FOR POLICY AND PRACTICE

Promoting Social and Emotional Readiness for School: Toward a Policy Agenda
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IMPLICATIONS FOR POLICY AND PRACTICE

PROMOTING SOCIAL AND EMOTIONAL READINESS FOR SCHOOL: TOWARD A POLICY AGENDA

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Babies who cannot explore their worlds in safety or trust the adults who care for them, toddlers who cannot learn to put words to emotions, preschoolers who fall apart when an adult says no, or who repeatedly fight with and bully other children are all children who are not developing age-appropriate social, emotional and behavioral skills. Some children outgrow problems like these. But for many others, such behaviors are red flags. If the problems are persistent and the infants, toddlers and young children do not get help, they may not develop the skills needed to succeed in the early school years.

Until recently, how to help these young children has not been a focus of much policy attention. But this is changing for two reasons. The first is the explosion of knowledge about how a child's early relationships set the stage, not just for later emotional development, but also cognitive development and academic achievement (Shonkoff & Phillips, 2000; Thompson, this volume). This knowledge provides a powerful rationale for preventive and early intervention. The second reason is that the field is searching for help. Home visitors, child care providers, Head Start and Early Head Start teachers and family support workers all report concern about the children they serve and great frustration at not knowing how to help many of these children and sometimes their families (Yoshikawa & Knitzer, 1997).

> UNTIL RECENTLY, HOW TO *help these young children has not been a focus of much policy attention.*

In response, a group of pioneering states and communities are crafting strategies to respond to both the science and the need (Kaufmann and Perry, this volume). This paper explores the lessons from these initiatives for developing a broader policy agenda to promote healthy social and emotional development and school readiness in young children. It highlights the emerging consensus about core policy components as well as policy challenges and opportunities.

FRAMING THE POLICY CHALLENGE

From a broad policy perspective, the first line of defense in promoting emotional health and school readiness in young children is ensuring that their families are economically secure and able to access basic supports (including food, health care, housing, and transportation) for themselves and their children. Equally important is access to high-quality early care and learning experiences. But for some children, this will not be enough. There also is a need for policy and practice strategies that are designed explicitly to address the emotional, behavioral and social developmental challenges facing so many young children. Increasingly, such efforts are referred to as "infant" or "early childhood" mental health, although some prefer simply to speak of strategies to promote healthy social and emotional development or to prevent early school failure. (In this paper, the term early childhood mental health is used.) Far more important than the term, however are guiding goals and principles. Here a consensus seems to be emerging goals and objectives, services and service delivery mechanisms (Knitzer, 2001, Hanson et al, 2001).

FROM A BROAD POLICY *perspective, the first line of defense in promoting emotional health and school readiness in young children is ensuring that their families are economically secure and able to access basic supports (including food, health care, housing, and transportation) for themselves and their children. Equally important is access to high-quality early care and learning experiences. But for some children, this will not be enough.*

PROMOTING EMOTIONAL READINESS FOR SCHOOL: CORE POLICY COMPONENTS

GOALS AND OBJECTIVES: The overall aim of early childhood mental health services is to improve the social and emotional well-being of young children and promote age-appropriate social and emotional skills, particularly those that will enhance the likelihood of success in the early school years (Knitzer, 2000). Because the needs of the young children and families are so varied, approaches of different intensities are required. Preventive approaches, for example, might offer parents information, mentoring or informal support. But more typically, some kind of early intervention, either focused on parent-child relationships, or helping other caregivers respond more appropriately to the child's behaviors is necessary. A small number of young children and their families also require more specialized treatment to prevent further damage and reverse early harms. From this, flow four objectives for early childhood mental health.

THE FIRST OBJECTIVE IS *to enhance the emotional and behavioral well-being of infants, toddlers and preschoolers, particularly those whose development is compromised by risk factors.*

The first objective is to enhance the emotional and behavioral well-being of infants, toddlers and preschoolers, particularly those whose development is compromised by risk factors. Embedded in this objective is a two-fold challenge. The first is to promote the well-being of all infants, toddlers and preschoolers through promotions of emotional health and preventive strategies. But it also encompasses more challenging set of tasks, to promote healthy emotional development in the rather large group of young children, particularly low-income children, who are at risk of developing more serious emotional and behavioral problems by virtue of exposure to significant risk factors. Such risk factors include poverty, low levels of maternal education, high levels of maternal depression, early experiences of inconsistent and harsh parenting, and exposure to substance abuse, domestic violence, child abuse or other trauma (Danziger, 2000; Knitzer, 2000).

Research repeatedly finds that the more risk factors to which young children are exposed, the more likely they are to experience poor emotional and cognitive outcomes (Aber, Jones & Cohen, 1999; DelGudio, Weiss & Fantuzzo; Huffman et al, 2000). Unless there are concerted efforts to help these young children manage their impulses and feelings and learn how to problem-solve in conflict situations, it is unlikely that they will succeed when they get to kindergarten. Early school failure, in turn, sets the stage for later school failure and perhaps involvement with high-cost special education, juvenile justice and child welfare systems.

THE SECOND OBJECTIVE IS *to help parents be more effective nurturers.*

The second objective is to help parents be more effective nurturers. The early parent-child relationship is critical to giving young children a healthy emotional start. In some instances helping parents be more effective nurturers may simply mean providing them with access to better information about what to expect from babies, or how to deal with predictable developmental problems. Or it may mean ensuring that they get help with the specific (and sometimes multiple) barriers that they face. (Parents in this context means anyone who serves as the primary caregiver(s) for a child, including grandparents, other relatives, foster-care parents, kinship caregivers, etc, as well as non-custodial parents, typically fathers.) Especially important is ensuring that they have opportunities to learn new ways of relating to, communicating with and providing appropriate stimulation to their children as they grow from infants to toddlers to preschoolers.

THE THIRD OBJECTIVE IS *to expand the competencies of other caregivers, especially child care providers and teachers, to prevent and address social, emotional and behavioral problems.*

The third objective is to expand the competencies of other caregivers, especially child care providers and teachers, to prevent and address social, emotional and behavioral problems. As young children spend more time in child care and early learning settings, the opportunities to enhance or impede their early development multiplies.

Therefore, it is crucial that child care providers, home visitors, family-support workers, Early Head Start and Head Start staff, and child welfare workers have the skills they need to promote the emotional well-being of infants, toddlers, and preschoolers. Poor infant toddler care, for example, increases the likelihood of many negative encounters between babies, toddlers and their caregivers around language, emotional and cognitive development. Inappropriate responses from teachers in the preschool years may result in the escalation of problems rather than their reduction (Arnold, McWilliams, & Arnold, 1999). Perhaps most compelling, the converse is also true: Research points to the protective impact of warm, supportive teachers on young children's success in transitioning to school (Feinberg-Peisner et al., 1999).

RESEARCH POINTS TO ***the protective impact of warm, supportive teachers on young children's success in transitioning to school. The evidence suggests now that many child care providers and teachers now feel they do not know how to help young children whom they believe are "in trouble."***

The evidence suggests now that many child care providers and teachers now feel they do not know how to help young children whom they believe are "in trouble." Preschool teachers report that children's disruptive behavior is the single greatest challenge that they face (Arnold, McWilliams and Arnold, 1998; Yoshikawa & Knitzer, 1997). In many communities, young children are being kicked out of programs because of their behaviors. This exposes the children to profound rejection and puts great strain on parents. Equally troubling are data suggesting that children with the most persistent behavior problems do not improve in that domain over the course of the year in Head Start programs (USDHHS, 2001; Zil, 1999). Taken together, the implications are clear. There is an urgent need to develop support systems (along with better pay) for teachers and child care providers so that they can better help young children learn new ways of regulating their feelings and impulses, of relating to other children and of interacting with adults more appropriately.

THE FOURTH OBJECTIVE IS ***to ensure that the more seriously troubled young children get appropriate help.***

The fourth objective is to ensure that the more seriously troubled young children get appropriate help. Infants, toddlers and preschoolers experiencing atypical emotional development need, along with their families, ready access to more intensive, specialized treatment, building on emerging clinical knowledge. Prevalence data suggest that about 4% to 7% of young children have conduct-type disorders (Cambell, 1997, Kupersmidt, Bryant and Willoughby, 2000). Using a broader set of psychiatric criteria, one study, involving 3,800 preschoolers, reported 21% of the children showed signs of psychiatric disorder, 9% of them severe (Lavigne et al. 1996). At the same time, the actual identification of children as seriously emotionally disturbed (SED) young children is much lower, under 1% of Head Start children a year are identified (Lopez et al, 2000), although evidence also shows that a substantial number of young children with serious emotional and behavioral problems are identified as having speech and language disorders (Sinclair et al, 1993).

CORE SERVICES. Beyond establishing goals, policymakers face the challenge of developing services appropriate to the task — promoting healthy emotional development in all young children, including high-risk young children and in young children in need of more intensive treatment. Lessons from early efforts and from research provide some insights about what services can increase healthy social and emotional responses in young children and reduce harmful and destructive ones.

BEYOND ESTABLISHING *goals, policymakers face the challenge of developing services appropriate to the task — promoting healthy emotional development in all young children, including high-risk young children and in young children in need of more intensive treatment.*

Some of the services focus primarily on the children. Examples of these include individualized classroom-based interventions, as well as universal programs to promote social skills and emotional problem-solving in all young children. Another cluster of services focus on parents. They aim to transform parenting practices so that parents and young children relate in new, more positive and pleasurable ways with each other. Examples include intensive parent skills training (Webster-Stratton, 1998); sometimes offered to groups of parents, for example, through Head Start, sometimes to individual parents, (with mentor parents as trainers), family-to-family support, targeted interventions to promote language and communication skills in families with young children (Hancock, Kaiser & Delaney, submitted) and infant mental health therapies (Zeneah, 2000). Some of these approaches may be embedded into family support strategies, for example, in Head Start programs.

A THIRD, AND VERY IMPORTANT *set of services are those targeted to non-primary caregivers, such as child care providers, teachers and home visitors.*

A third, and very important set of services are those targeted to non-primary caregivers, such as child care providers, teachers and home visitors. The general term used for these types of services is early childhood mental health consultation, which involves the development of a sustained relationship between an early childhood mental health consultant and early childhood programs (Cohen & Kaufmann, 2000, Donahue, Falk & Provet, 2000, Yoshikawa & Knitzer, 1997, Casey Family Programs & DHHS, 20001, & Knitzer, 2000a). Typically, these involve center-based child care, Head Start, and sometimes pre-kindergarten. Increasingly, there are also efforts to make consultation available to family child care providers, particularly when young children are at risk of being expelled for behavioral reasons. (Less frequent are consultants for home-visitors, although here, too, the need is great.)

Early childhood mental health consultants enter into the culture of the program and are able to meet a variety of needs, sometimes working with the staff, sometimes with specific children, and sometimes with families. They are in a key position to help focus deliberate attention on strategies to help children get ready for school, preparing them for transitions and helping them learn needed skills and behaviors. (For an overview of research on early childhood mental health strategies, see Donahue; Kaufmann and Perry, this volume.)

EARLY CHILDHOOD *mental health consultants enter into the culture of the program and are able to meet a variety of needs, sometimes working with the staff, sometimes with specific children, and sometimes with families.*

Researchers also are beginning to design and test out more systematic interventions, some combining strategies targeted to parents and caregivers (Webster-Stratton, 2001), others combining efforts to enhance behavioral skills and school readiness cognitive skills, particularly linked to reading (Arnold et al, 1999, Kupersmidt, personnel communication). Finally, early childhood mental health services also encompass more specialized treatment services. Examples include: intensive community-based strategies such as therapeutic child care, play groups, family-to-family support groups, crisis and respite services, and wrap-around services for the children and families. They also include referral strategies to adult treatment services for problems such as depression, substance abuse or domestic violence.

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CHARACTERISTICS OF EFFECTIVE SERVICES. Regardless of their focus of level of intensity services to promote emotional health and school readiness all share several characteristics (Knitzer, 2001). They are:

- ***grounded in developmental knowledge.*** Early childhood mental health systems of support need to be deeply grounded in developmental knowledge of what is typical and atypical for infants, toddlers and preschoolers. Additionally, the theoretical-knowledge base should include understandings of family developmental processes and adult learning strategies, since many of the interventions focus on helping the adults in closest contact with the children be more effective nurturers.
- ***relationship-based.*** At the core of healthy emotional development are responsive, sensitive child caregiver interactions that occur over time and across contexts. That means systems of support must be designed to foster healthy relationships among parents and children, children and caregivers and caregivers and parents.
- ***family supportive.*** Except when there are issues of safety, in general, the best way to help young children is to help their primary caregivers ability to meet the children's emotional and other needs. This requires a respectful partnership with families, even the most troubled families, as well as a willingness to address the concrete realities that families face (e.g. a difficult transition to work, parental ill health or housing problems).
- ***consistent with the culture of early childhood programs.*** Effective early childhood mental health services bring a strengths-based mental health perspective that can be integrated into the daily experiences of the children, the families and the staff. The aim is to enrich the experiences so that the children can benefit. It should not be seen as something separate and apart. This is, in effect, consistent with the best school-based mental health strategies that build on and are respectful of the school culture while trying to meet not just the needs of the children but of the teachers and the administrators.
- ***delivered in settings trusted by the families.*** Effective services are delivered in settings that are most comfortable to, and most trusted by, children and families, including their own homes, center- or family-based child care, Head Start, Early Head Start or preschool programs, pediatric offices or well-baby clinics. Early childhood mental health services must also reach into other settings where young children are found, such as shelters for homeless families and battered women and their children (Dicker, Gordon & Knitzer, 2001).

CAREGIVERS AND MENTAL *health professionals must be sensitive to different cultural traditions, able to address and resolve cross-ethnic and racial conflicts about core child-rearing tasks, sleeping, eating and discipline, comfortable in working with children, families and staff who are racially and ethnically diverse.*

- ***responsive to the community and cultural context.*** This is an enormously complex challenge. It means that caregivers and mental health professionals must be sensitive to different cultural traditions, able to address and resolve cross-ethnic and racial conflicts about core child-rearing tasks, sleeping, eating and discipline, comfortable in working with children, families and staff who are racially and ethnically diverse.

CHARACTERISTICS OF EFFECTIVE SERVICE DELIVERY SYSTEMS. Consistent with the idea that early childhood mental health reflects a combined public health/mental health model, emerging services delivery systems also share several organizational similarities. They:

- ***"build on" existing early childhood programs.*** Over the last several years, there has been a significant, if uneven, growth in investments in child development and family support programs across the states. Thirty-one states now fund programs, including six that supplement Early Head Start. Some of these infant-toddler programs are universal (e.g. home visiting programs for first time parents), but many others are targeted to high-risk families. Forty-three states are investing in programs for preschool-aged children (Cauthen, Knitzer & Ripple, 2000). Together, this network of programs provides the foundation for investments in early childhood mental health. The emerging infant-toddler programs, for example, can and should "help parents be more effective nurturers" by becoming the focal point for parent-centered early childhood mental health services. The preschool programs can and should become the focal points for strategies to "help non-primary caregivers" better meet the social, emotional and behavioral needs of young children.
- ***involve new kinds of partnerships and outreach to a broad group of stakeholders.*** Virtually all the emerging early childhood mental health initiatives involve new kinds of partnerships. In one community initiative for example, the partners included an early intervention agency, a community mental health board and a local child care resource and referral agency; in others, an interagency, citywide early childhood council, a mayor's office and a mental health agency. At the state level, partnerships have been even broader; in Vermont, for example, they include families, state mental health and early childhood programs (including the child care subsidy program and the Head Start collaboration office) as well as health, child welfare, substance abuse and domestic violence agencies. Schools could and should also be key players in emerging partnerships to promote social and emotional skills in young children before they enter school to enhance their school readiness.
- ***include attention to outcome measures, especially those related to school readiness.*** Building an early childhood mental health system of support requires an investment of resources, typically public, but private as well. It is important to develop mechanisms to assess the impact of that investment, particularly in terms of school readiness and early learning.

School personnel and communities need to know, for example, if investments in early childhood mental health strategies pay off in reduced rates of retention in kindergarten, first and second grade, or in reduced use of special education, or in improved reading scores by the fourth grade. To this end, many communities are developing frameworks and indicators to be able to provide an aggregate picture of how well their young children do across multiple dimensions of school readiness, including social and emotional skills.

POLICY CHALLENGES

As policymakers recognize the deep connections between social and emotional development, reading and other academic outcomes, it is important to be aware of five predictable policy challenges.

> THERE IS A NEED TO HELP *the broader public to recognize that young children, even infants and toddlers, do face emotional, social and behavioral challenges, that these can interfere with academic learning, and that there are strategies that can help even before the children get to school.*

FINDING THE RIGHT LANGUAGE. Talking about early childhood mental health to families, to policymakers and to the general public can be problematic. The term mental health is associated with adults, with stigma and with being crazy, certainly not with infants, toddlers and preschoolers. Hence its use is off-putting, or simply incomprehensible to many. In response, many emerging initiatives simply do not use the term, except as necessary for funding. But virtually all face the challenge of describing the need and helping the broader public to recognize that young children, even infants and toddlers, do face emotional, social and behavioral challenges, that these can interfere with academic learning, and that there are strategies that can help even before the children get to school.

> FINDING THE RESOURCES *to build early childhood mental health systems is challenging. One problem is that there is no dedicated funding stream for early childhood mental health services.*

FINDING THE FUNDS. Finding the resources to build early childhood mental health systems is challenging. One problem is that there is no dedicated funding stream for early childhood mental health services, particularly for the vast majority of young children who do not have, and should not have a diagnosis but who, by virtue of multiple risk factors, are likely to develop problems. (Mental health dollars are typically targeted only to children with serious emotional and behavioral disabilities and in practice, most often only to older children.) This means that communities and states must be creative in identifying and combining sources of support to serve the broad population of young children in need who do not and should not have a diagnosis, but who are experiencing challenging behaviors and problems.

Second, in some communities, it is also difficult to pay for consultation services to child care providers, teachers and others who care for young children, despite the fact that they are critical to systematic efforts to helping these young children. States and communities that are tackling these fiscal challenges are doing so in three ways: they are using state dollars selectively, including state mental health dollars; they are seeking funds through foundations and other local resources; and, most importantly, they are using federal dollars from a variety of different programs creatively and in combination (Johnson, forthcoming).

THIS MEANS THAT *communities and states must be creative in identifying and combining sources of support to serve the broad population of young children in need who do not and should not have a diagnosis, but who are experiencing challenging behaviors and problems.*

The array of federal programs that might potentially be used is broad (Wishman, Kates & Kaufmann, 2001). Each carries with it special challenges, but also opportunities, as communities across the country are demonstrating. For example, to fund early childhood mental health consultation, states and communities have used the quality improvement funds of the Child Care and Development Fund. That program requires states to use 4% of the funds for quality improvement strategies, one of which is enhancing the ability of caregivers to respond to the social and emotional needs of young children. Similarly, they have used the Temporary Assistance to Needy Families (TANF) program to fund early childhood mental health consultation. Such consultation is intended to prevent the disruption of stable child care (because of a child's behavior) that would make it harder for a parent to continue to work. Title I of the Elementary and Secondary School Act, and Medicaid are also potential sources of support, the later particularly for child and parent and child-focused services.

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Federal programs that fund services for children with special needs also are a potential source of funding. For example, Part C of the federal Individuals with Disabilities Education Act (IDEA), which is intended to help infants and toddlers with developmental delays (and in some states, those at risk of delays), provides a point of entry to address emotional and relationship issues in these infants and toddlers. Child welfare dollars could be used to support cross-training of early childhood and mental health professionals who serve abused and neglected children either in child care or in more specialized settings. Federal mental health through Comprehensive Mental Health Services Program for Children and Families also provides a potential source of funding primarily for the most seriously troubled young children, as program funds are now used for only children with identified serious emotional and behavioral disorders.

BUILDING THE EXPERTISE. Those who provide services and supports to prevent problems and restore emotional health to young children and their families need a broad range of skills — knowledge about child development, clinical sensitivity and expertise, understanding of family dynamics, and skill in working with children and families from economically, racially and ethnically varied cultures. There are simply not enough people with these skills to address the need. Virtually all the emerging initiatives uniformly report that recruiting and hiring is a major challenge (Knitzer, 2001).

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ENSURING A STRONG FAMILY VOICE.

Ensuring a strong family voice has been key to improving mental health services for older children; it is also key to building services for younger children that really meet family needs. But ensuring a strong family voice at the planning and policy level as well as at the individual service level requires a commitment from policymakers to reach out to families and family organizations and to fund the parent liaison roles and leadership development that can make family involvement real.

INCREASING THE ABILITY TO TRACK OUTCOMES, EFFICACY AND COST.

As social and emotional development becomes more integrated into the larger early childhood and school readiness agenda, it also is vital that efforts to develop outcome indicators and benchmark estimates of success be refined. Some work on this is beginning, with states taking a number of varied approaches. Vermont, for example, is relying on reports from kindergarten teachers and health professionals. Other states, such as North Carolina, are linked to indicators developed for broader state mandated assessments. To deepen both the local and state picture, it is important that indicators of social and emotional development be included in school readiness assessments.

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POLICY OPPORTUNITIES

In addition to the opportunities to use existing federal dollars creatively in the service of promoting social and emotional skills in young children and addressing problems highlighted above, there are other ways in which the federal policy framework is providing, or might provide, support for the needed infrastructure and service development. Two are highlighted here.

BUILDING ON THE FEDERAL SCHOOL READINESS AGENDA. In 1994, Congress enacted the Educate America Act (P.L. 103-277) that included as the first goal "all children shall enter school ready to learn." This goal provides a potentially powerful organizing framework through which to mobilize partnerships and activities to address social, emotional and behavioral challenges in young children that will prevent them from succeeding in school. In fact, the realization that young children were not emotionally ready for school was a critical motivating factor in the development of the Vermont's comprehensive statewide early childhood mental health system and is increasingly a factor in other emerging initiatives (Kaufmann & Perry, this volume).

At the same time, there is a very important nuance. Many policymakers and community leaders focus school readiness strategies on 3- and 4-year-olds. But research shows powerfully that what happens in the infant/toddler years sets the foundation for the kinds of skills preschoolers need to make a successful transition to school (Institute of Medicine, 2000). As Thompson notes (this volume), school readiness is both a "developmental process and an outcome." This underscores the importance of using the school readiness framework to invest not just in strategies for preschoolers, but also for infants and toddlers, particularly the more vulnerable children . The school readiness framework is also powerful for another reason. It provides a way to center attention on strategies to prevent early school failure. In so doing, it shifts the focus from "mental health," which carries with it overtones of a medical model and stigma, to a much more "user-friendly" framework that is transparent to all — the need for success in school. Thus it opens up the possibility of new dialogue about integrating social and emotional strategies with cognitive strategies.

AS THOMPSON NOTES, *school readiness is both a "developmental process and an outcome." This underscores the importance of using the school readiness framework to invest not just in strategies for preschoolers, but also for infants and toddlers, particularly the more vulnerable children.*

FOUNDATION FOR LEARNING ACT. During the 107th Congress, legislation was introduced in Congress that explicitly calls for services for young children, their families and their other caregivers to reduce the risk of early school failure. Known as the Foundations for Learning Act, the intent is to support three types of services explicitly intended to prevent early school failure by virtue of social and emotional issues:

a) screening and service plan development;

b) child and family support services; and

c) consultation and specialized training services around social and emotional issues to providers of early childhood services.

The legislation builds directly on the large and compelling body of knowledge about the relationship between risk factors and poor outcomes. It conditions eligibility not on diagnoses, but on exposure to two or more risk factors known to be linked to poor school outcomes. These include low-birth weight, and low income, but also risk factors linked explicitly known to negatively affect emotional development, such as parental substance abuse and depression; abuse, maltreatment or neglect; early behavioral and peer relationship problems; and removal from, or at risk of removal from, child care for behavioral reasons.

The legislation is conceptually important because it focuses squarely on early intervention in normative settings in which young children are found, it builds on the large body of science about the negative impact of multiple risk factors, and, in calling for services "to prevent early school failure," it also bypasses the major current policy dilemma, how to pay early childhood mental health services without giving young children a diagnosis. As such, it provides a model that states can use in developing their own legislative frameworks to ensure that young children enter school ready to succeed.

TOWARD THE FUTURE

Building a school readiness agenda that addresses the needs of children whose emotional development is compromised is clearly a compelling need that has ramifications for academic success in the early school years. Prevalence data, research on the long-term consequences of exposure to multiple risk factors in early childhood, the concerns of practitioners and the imperatives imposed by national school readiness goals all point in the same direction. Drawing on the lessons from emerging state and community practice and policy initiatives, below are eight recommendations that provide a framework for future local, state and federal policy action.

BUILDING A SCHOOL *readiness agenda that addresses the needs of children whose emotional development is compromised is clearly a compelling need that has ramifications for academic success in the early school years.*

- ***Address emotional readiness in the context of normative development for infants, toddlers and preschoolers.*** The network of child care, Head Start, early Head Start and home visiting early childhood services for infants, toddlers and preschoolers that exists in every state and community provides a powerful point of entry to infuse intentional strategies to promote social, emotional and behavioral competence in young children, particularly those whose early experiences do not provide them with the needed ingredients for age-appropriate development.

- ***Build broad state and community partnerships to develop early childhood mental health services and systems.*** Key stakeholders include families, the early childhood and the mental health communities. But partnerships should also reach out to others who have a vested interest in seeing that young children succeed, for example school officials, law enforcement officials (who are increasingly interested in early intervention), and the business community, which needs an emotionally competent, literate work force.

- ***Develop strategies to fund an array of services and supports to help young children, especially the more vulnerable, achieve success in the transition to school.*** These services and supports should encompass assessment strategies, services targeted to help parents (including all primary caregivers) to help parents and children together and to help children, and services targeted to other, non-family caregivers. They should be available in the context of normative settings (such as family homes, health clinics, center and family-based child care, Head Start, Early Head Start and preschools) and in settings serving children and families already identified as in trouble (such as homeless shelters, child welfare agencies and the courts). Special attention should be paid to getting infants and toddlers off to an emotionally healthy start. To the extent possible, interventions should build on the existing knowledge base.

- ***Maximize the impact of existing federal programs and dollars and supplement these with state, local and private resources.*** Many federal programs can be used as important entry points for developing a range of child-focused, family-focused and provider-focused services and interventions to young children at risk of early school failure by virtue of social and emotional problems. Communities and states may find the Child Care and Development Fund quality improvement set aside, TANF, Part C, Medicaid and SCHIP funds especially helpful in stimulating new initiatives.

SPECIAL ATTENTION SHOULD *be paid to getting infants and toddlers off to an emotionally healthy start. To the extent possible, interventions should build on the existing knowledge base.*

- ***Develop strategies to increase the supply of appropriately trained specialists.*** Clinical training typically does not include any specialized focus on young children and families, either through psychology, social work or psychiatry. Nor can child development professionals find ways to enhance their own skills in dealing with the level of behavioral disruption reflected in programs serving young children. Policy incentives to promote both in-service and pre-service training are critical at both the local and community levels.

- ***Develop social and emotional outcome indicators and benchmarks.*** The scientific base for emphasizing both social and emotional, as well as cognitive competencies to achieve the goal of school readiness is clear (although surprisingly controversial in some political contexts). The challenge is to develop explicit indicators that can be used to assess community and state progress toward meeting the overarching goals: ensuring that all young children, including those facing social, emotional and behavioral challenges in the early years, enter school ready to learn.
- ***Develop a research agenda to fill in the gaps in the knowledge base about "what works" and to translate the research into useable information for the practitioner and policy community.*** From a scientific perspective, we know far more about the causes and consequences of poor emotional development in young children than we do about how to interrupt those causes and consequences. Some data on the efficacy of interventions is beginning to emerge, but it needs to be expanded.

- ***Make the existing federal framework more responsive to social and emotional issues in young children and provide new resources to support and evaluate services to prevent early school failure by virtue of social and emotional issues.*** One goal should be to strengthen existing legislation to ensure explicit attention promoting the emotional well-being of vulnerable young children across the many federal programs that already exist. For example, as Early Head Start expands, it might be possible to provide enriched funding to ensure the program is robust enough to meet the needs of the most vulnerable families. Similarly, providing incentives to existing federally funded children's mental health programs to better address the needs of young children would be helpful. At the same time, there is a need to continue to promote and enact legislation like the Foundations for Learning Act.

CONCLUSION

Paying attention to the healthy emotional development of young children and how it can promote school readiness can no longer be put off. Developmental research compels new attention to social, emotional and behavioral challenges facing young children, even as promising intervention strategies are being generated by practitioners and researchers.

Together, these provide a foundation for sound policy action that can result in improved emotional health and school readiness even in the most vulnerable young children.

ONE GOAL SHOULD BE *to strengthen existing legislation to ensure explicit attention promoting the emotional well-being of vulnerable young children across the many federal programs that already exist.*

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THE KAUFFMAN
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EXECUTIVE SUMMARY

SET FOR SUCCESS:

BUILDING A STRONG FOUNDATION FOR SCHOOL READINESS BASED ON THE SOCIAL-EMOTIONAL DEVELOPMENT OF YOUNG CHILDREN

THE KAUFFMAN
EARLY
EDUCATION
EXCHANGE

Set for Success: Building a Strong Foundation for School Readiness Based on the Social-Emotional Development of Young Children

Executive Summary

ABOUT THE KAUFFMAN EARLY EDUCATION EXCHANGE

The Ewing Marion Kauffman Foundation convened the first annual conference in the Kauffman Early Education Exchange series in November 2001. These national conferences are designed to exchange information and scientific knowledge and to discuss the implications for policy and practice toward the goal of enabling all children to enter school prepared to succeed. The Kauffman Foundation hosts one conference a year on a selected topic related to early childhood development, family support and early education. These conferences include presentations from leading experts, researchers and policymakers who are invited to write papers for the Exchange. Each paper explores a different aspect of the selected issue.

The focus of the inaugural Kauffman Early Education Exchange held November 12, 2001 emphasized the link between social-emotional development and later cognitive development. There were 12 presenters and more than 150 guests invited to participate in the initial Exchange. This executive summary presents the key findings and recommendations outlined in the six papers commissioned by the Foundation. The full report contains the six commissioned papers presented during the Exchange. The list of presenters is detailed on the following page.

The Ewing Marion Kauffman Foundation, 4801 Rockhill Road, Kansas City, MO 64110-2046, publishes the Kauffman Early Education Exchange report and executive summary (ISBN # 1-891616-23-4). The Kauffman Early Education Exchange report is distributed free of charge through a controlled circulation. Opinions expressed by the writers in this report are their own and are not to be considered those of the Kauffman Foundation. Authorization to photocopy articles for personal use is granted by the Kauffman Foundation. Reprinting is encouraged, with the following attribution: From the Kauffman Early Education Exchange, a publication of the Ewing Marion Kauffman Foundation, © 2002.
To be added to the mailing list for future reports, write to Kauffman Early Education Exchange, Ewing Marion Kauffman Foundation Fulfillment Center, P.O. Box 12444, North Kansas City, MO 64116. The full report and executive summary are available on the Kauffman Foundation's Web site at http://www.emkf.org/pages/12.cfm. Photographs that appear in this report were acquired independently of the articles and do not have a direct relationship to material discussed in each article.

The first Kauffman Early Education conference was held November 12, 2001. Presentations included remarks from the following individuals:

FACILITATOR:

Joan Lombardi, Child and Family Policy Specialist and Director of The Children's Project, Washington, DC

PRESENTERS: The presenters who wrote papers for this first Kauffman Early Education Exchange conference were:

Ross Thompson, Ph.D., University of Nebraska, Lincoln, NE

Linda Espinosa, Ph.D., University of Missouri-Columbia, Columbia, MO

Oscar Barbarin, Ph.D., University of North Carolina, Chapel Hill, NC

Paul Donahue, Ph.D., Center for Prevention Psychiatry, Scarsdale, NY

Roxane Kaufmann, M.A., Georgetown University Child Development Center, Washington, DC

Deborah Perry, Ph.D., Georgetown University, Child Development Center, Washington, DC

Jane Knitzer, Ed.D., National Center for Children in Poverty, Columbia University, New York, NY

PANELISTS: A conference panel discussion about effective early education practices that promote social-emotional development included remarks from:

Dwayne Crompton, Executive Director, KCMC Child Development Corporation, Kansas City, MO

Deborah Hoskins, Community Resources Manager, KCMC Child Development Corporation, Kansas City, MO

Brenda Loscher-Hudson, Education Consultant, KCMC Child Development Corporation, Kansas City, MO

DISCUSSANTS: Four experts in the field served as discussants at the conference:

Marilou Hyson, Ph.D., Associate Executive Director of Professional Development, National Association for the Education of Young Children, Washington, DC

Tammy Mann, Ph.D., Director, Early Head Start National Resource Center, Zero to Three National Center, Washington, DC

Sandra Adams, Ph.D., Center for Prevention and Early Intervention, Florida State University, Tallahassee, FL

Jack Shonkoff, M.D., Dean, The Heller School for Social Policy and Management, Brandeis University, Waltham, MA

PLANNING TEAM: The Kauffman Early Education Exchange is planned and administered by the Kauffman Foundation Early Education Team:

Sylvia Robinson, Vice President, Early Education

Lisa Klein, Senior Program Officer, Early Education

Adriana Pecina, Senior Program Officer, Early Education

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INTRODUCTION

Set for Success: Building a Strong Foundation for School Readiness Based on the Social-Emotional Development of Young Children

For decades, the question of how to make sure children are successful as students in school and as individuals in their communities has been a priority for parents and educators. In recent years, that question also has become increasingly important to elected officials; policymakers at the local, state and federal levels; colleges of education; professional researchers in psychology; practitioners in early childhood education and children's advocates.

Research into school success shows a direct link to the preparation (or lack thereof) that young children receive from the time they are born until they enter kindergarten. ***Young children who do not have opportunities to engage in stimulating cognitive activities and nurturing social-emotional relationships are already behind their peers when they enter kindergarten.***

State reports of the percentage of children that are not prepared to enter school ready to succeed range from 20% to 49%. In response, multiple federal, state and local initiatives are aimed at promoting school readiness and academic success beginning with our youngest children and their families. In 1994, Congress enacted the Educate America Act, with the first goal being: "All children shall enter school ready to learn." The 107th Congress introduced the Foundations for Learning Act, aimed at reducing the risk of early school failure. On April 2, 2002, President Bush announced a new early childhood initiative called: "Good Start, Grow Smart," a plan to strengthen early learning in young children.

Research evidence from the National Academy of Sciences and others has demonstrated that children entering school with well-developed cognitive and social-emotional skills are most likely to succeed and least likely to need costly intervention services later through either special education or juvenile justice. The science of early childhood has repeatedly provided evidence that strong social-emotional development underlies all later growth and development. Young children who develop strong early relationships with parents, family, caregivers and teachers learn how to pay attention, cooperate and get along with others. As a result, they are confident in their ability to explore and learn from the world around them.

Stated simply, positive relationships are essential to a child's ability to grow up healthy and achieve later social, emotional and academic success.

Presenters at the inaugural Kauffman Early Education Exchange outlined several theoretical and practical lessons from the beneficial marriage of psychology — developmental, educational and clinical — and of the teaching profession. They include:

- How children feel is as important as how they think in ensuring learning.
- Learning depends on stable, secure and enduring relationships with both adults and peers.
- Emotional and motivational readiness is not just good for, but critical to, learning.
- It is easier to teach cooperation than to deal with a disruptive student.

There are, however, several challenges to translating the science into effective programs and policies that promote school readiness and success including societal beliefs about childrearing, economic deficits in the states, and the tragic events of September 11. Overall strategies for achieving the goal of preparing children to succeed include:

- Creating a common understanding of what good social-emotional development is and how it underlies later academic success;
- Building broad-based public and political will to make the healthy growth and comprehensive development of young children a priority;
- Committing public and private investment in the types of programs and policies that are proven to result in greater success for young children and families;
- Building expertise for parents, families, providers and teachers in order to promote strong social-emotional development in all young children, particularly those at-risk for serious problems and delays;
- Providing effective interventions for young children who experience social-emotional problems that interfere with their development and learning; and
- Assuring good outcomes by assessing progress and tracking indicators of social-emotional development and its relation to later school readiness and academic success.

The Kauffman Early Education Exchange presented three perspectives on the topic of social-emotional development:

The View From Research

The View From the Field

Implications for Policy and Practice

THE VIEW FROM RESEARCH

The Kauffman Early Education Exchange conference began with a series of papers that presented the latest scientific research and compelling evidence about what is necessary to prepare young children for school success. The first three papers present findings from the fields of developmental, educational and clinical psychology.

THE ROOTS OF SCHOOL READINESS IN SOCIAL AND EMOTIONAL DEVELOPMENT

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The National Academy of Sciences study "From Neurons to Neighborhoods: The Science of Early Childhood Development," reported on ***three qualities that children need to be ready for school: intellectual skills, motivation to learn and strong socioemotional capacity.*** School success requires young children be able to: understand their own feelings and the viewpoint and feelings of others, cooperate with both peers and adults, resolve conflict successfully and control their own behavior. Evidence shows that young children who have established positive relationships with parents, caregivers and teachers are secure and confident in exploring new situations and mastering learning challenges.

Kindergarten teachers report the most concern with the children who lack the socioemotional qualities of school readiness. They say it is more difficult to assist children who are not interested in learning, lack confidence in their success, or are incapable of cooperation and self-control. The intellectual preparation for young children is easiest for kindergarten teachers to remedy because they are accustomed to working with children with varying degrees of cognitive capabilities and skills. As one teacher stated the problem, "the kids are sad, mad and bad, it's not that they can't add."

Developmental scientists have found that child-adult relationships provide a psychological foundation for many of the socioemotional qualities that underlie school readiness. Two conclusions arise from this research. First, the preschool years are a period of considerable growth in the psychological foundations of school readiness.

AS ONE TEACHER ***stated the problem, "the kids are sad, mad and bad, it's not that they can't add."***

Advances in the child's understanding of other people, self-understanding, emotional growth, self-control and conscience and peer relationships provide an essential bedrock of skills necessary for learning in the classroom. Second, supportive relationships are the common core ingredient of positive early social and emotional development. The science of early childhood development shows that:

- The quality of relationships with parents is significant and primary;
- The quality of child care and the caregiver-child relationship are significant influences on social and emotional development; and
- Young children have a strong, intrinsic drive toward healthy development, but it can be undermined by troubled relationships with the people who matter to them.

The research clearly shows the positive and negative implications for understanding the conditions that influence school readiness. School readiness is hindered when:

- Children live in families affected by domestic violence, parental mental health or substance abuse problems or other conditions that make the home environment stressful for young children;
- Children are in child care settings that are stressful or unstimulating, with teachers who are unknowledgeable or uninterested in the importance of fostering growing minds and personalities, or with staff turnover so high that it is difficult for children to develop stable relationships with their caregivers; and
- Children live in circumstances where many of these risk factors to healthy early psychological development co-occur, such as in poverty.

On the positive side, the research also highlights opportunities to facilitate school readiness in young children. These strategies include:

- Strengthening family experience, especially through opportunities to develop more secure and nurturing parent-child relationships;
- Improving child care quality in three ways — by strengthening the training and awareness of child care providers about their crucial role in promoting social and emotional development; by reducing turnover of child care providers through increased professionalism and compensation; and by making classroom practices more developmentally appropriate and child-centered;
- Focusing on the transition to kindergarten as an important opportunity to instill and maintain enthusiasm for learning; and
- Attending especially to the needs of vulnerable children who come from at-risk backgrounds.

THE CONNECTIONS BETWEEN SOCIAL-EMOTIONAL DEVELOPMENT AND EARLY LITERACY

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Research on the topic of literacy widely acknowledges that literacy development is closely related to earlier language development. What is less widely discussed in relation to literacy are the early ties between social-emotional development in infancy and the development of language and symbolic play during the second year of life. ***There is strong evidence that social-emotional development in the first year of life is the foundation of language development and that social-emotional well-being continues to affect both language and literacy as a child matures.***

The development of early language and eventually literacy occurs in the context of close relationships with others. These earliest relationships with parents and other primary caregivers provide the foundation for developing the characteristics of trust, autonomy and initiative.

THE DEVELOPMENT OF EARLY *language and eventually literacy occurs in the context of close relationships with others.*

During the first year of life, joint attention occurs between mother or caregiver and child when the infant and adult are interacting and establish the earliest stage of pre-language communication. For preschoolers, play is the best way young children develop pre-literacy language and communication. As they grow, the adults who care for them and their attitudes, beliefs and level of literacy influence children's exposure and interest in reading. The literature provides compelling evidence that nurturing relationships and responsive social environments set the stage for language and literacy as children grow and mature.

Because reading is a language-based skill, children experiencing difficulties in reading often also experience difficulty in three areas of language development: receptive and expressive vocabulary, narrative skills and phonological processing. Research has shown that children's reading abilities in the primary grades has been positively correlated with early vocabulary development. However, many children living in poverty arrive at school with poorly developed vocabularies.

It has repeatedly been shown that high-quality preschool programs can positively influence the intellectual, academic and social development of poor children, both immediately and long-term. Virtually all experts in early education and related fields agree that intensive, high-quality interventions for young children, particularly those in poverty, can have substantial impacts on their future school and life success. ***When designing early care and education programs it is critical to consider the following elements:***

- Develop positive and supportive relationships with young children to promote their emotional development;
- Place a strong emphasis on oral language development;
- Include in curriculum school-related skills and knowledge;
- Establish small class sizes to provide frequent interactions with peers and adults;
- Engage teachers in collaborative planning, assessment and reflection;
- Ensure teachers are educated in early childhood development, well-trained and well-qualified to teach young children; and
- Establish a collaborative and respectful relationship with parents and/or other family members.

CULTURE AND ETHNICITY IN SOCIAL, EMOTIONAL, AND ACADEMIC DEVELOPMENT

OSCAR BARBARIN, PH.D.

Academic competence and socio-emotional adjustment are built upon a common foundation of early psychological development. Likewise, both are molded by cultural and ethnic contexts. This is nowhere more evident than among children of color in the United States who occupy social niches, defined by socio-economic status, gender and ethnicity, which ply them with a risk-inducing formula of above-average environmental strains and below-average material resources. For many children this formula results in a compromising of social development and academic achievement.

Stressors facing many poor children of color that limit their ability to successfully cope include: early deprivation or trauma, family instability or conflict, involvement in the child welfare system, and neighborhood danger and limited resources. Evidence also shows that many children experiencing problems in social-emotional functioning are also experiencing delays in acquiring early academic skills. Early identification of mental health problems in ethnic minority children coupled with effective referral and service delivery has long-term implications for preventing academic failure.

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Social-emotional competence is an essential ingredient of school success because it constitutes a prerequisite condition for effective instruction and learning. For the many children who experience academic difficulties, attaining social-emotional and self-regulatory competence sets the stage for and is essential to later academic achievement. Problems in social-emotional competence not only diminish academic achievement but also complicate efforts to remediate problems in acquiring skills.

FOR THE MANY CHILDREN *who experience academic difficulties, attaining social-emotional and self-regulatory competence sets the stage for and is essential to later academic achievement. Problems in social-emotional competence not only diminish academic achievement but also complicate efforts to remediate problems in acquiring skills.*

There are many promising strategies that have emerged in the past five years for ways to intervene that will make a difference in improving academic success among children of color. Interventions focused on improving and enriching the social and familial environments of children, particularly among young children are critically important. All children will prosper in environments that are safe, stable, supportive and stimulating. There are a number of strategies that can help correct the imbalance of strains and resources to give children of color a fighting chance to develop to their full potential. These include:

- Early intervention;
- Access to high-quality pre-kindergarten programs;
- Improved teacher preparation; and
- Sustained efforts to build collaborative relations between families and schools.

THE VIEW FROM THE FIELD

The second series of papers focus on identifying and using effective practices that promote positive early relationships that intervene when young children are vulnerable or experience emotional and behavioral problems.

PROMISING SOCIAL-EMOTIONAL DEVELOPMENT IN YOUNG CHILDREN: THE ROLE OF MENTAL HEALTH CONSULTANTS IN EARLY CHILDHOOD SETTINGS

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With the advances in the study of brain development in infants and toddlers and research on the early acquisition of learning skills, preschool education has taken on a new significance. Considering that more than 60% of children under age 6 are in some form of child care, it is clear that early childhood educators play a major role in shaping young children's social, emotional and cognitive development and help lay the groundwork for future academic success.

Science reveals that our youngest children can experience anywhere from mild to severe mental health problems. Young children are especially vulnerable to the disruptions caused by traumatic events, as they do not have well-developed physical or psychological resources to defend against them. When children experience traumas, early childhood programs are typically the first to feel the impact of family stresses. ***Many of the children who have had disruptions in their early development and attachments present with challenging behaviors in the classroom. They may appear fearful, disorganized, inattentive and unresponsive to learning.***

The child care center and/or preschool has become, in many ways, the ideal setting for integrating the work of professionals in both disciplines. Early childhood programs are logical places to establish partnerships between mental health professionals, teachers, families and children. ***A collaborative model of mental health consultation in preschool settings provides both prevention and intervention to families in safe, trusted and easily accessible environments.*** Mental health consultation provides preventative services to help families support their child's full development.

THE CHILD CARE CENTER *and/or preschool has become, in many ways, the ideal setting for integrating the work of professionals in both disciplines.*

In addition, intervention services support at-risk children and families and those already experiencing problems such as depression or behavior problems before they lead to academic delay.

A strong preschool/mental health partnership can lead to decisive change and can provide families and programs with more effective tools to meet their children's needs. Children and families benefit from the combined focus on children's social and emotional development and early intervention efforts aimed at preventing more serious problems from developing later in childhood.

PROMOTING SOCIAL-EMOTIONAL DEVELOPMENT IN YOUNG CHILDREN: PROMISING APPROACHES AT THE NATIONAL, STATE AND COMMUNITY LEVELS

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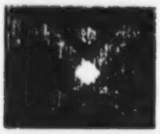
Over the last decade, there has been a growing awareness of the scientific evidence that effective interventions delivered to young children and their families can have long-term positive outcomes. Research on early brain development bolsters intervention studies indicating that small shifts in the developmental trajectories of young children can have lasting effects. These results have motivated policymakers and program managers to identify vulnerable groups of young children and seek out effective strategies that can be delivered to these children and families.

In recognition of these trends, the nation's governors embarked on a series of initiatives that focused on young children and their families. As governors grappled with how to best prepare young children who arrive at kindergarten "ready to learn," there was a growing realization that achieving this goal would require more than increased cognitive stimulation for our youngest children. In fact, school readiness appears to be intimately tied to social and emotional development.

Head Start and Early Head Start are national early childhood programs that include prevention strategies for building strong social-emotional development in young children and helping families cope with increasing stress. Starting Early Starting Smart (SESS), an initiative between the Casey Family Foundation and the Substance Abuse and Mental Health Services Administration (SAMHSA), is a demonstration effort in nine states that integrates behavioral health services into accessible, non-threatening settings where families usually take their children like early education settings and pediatric health care facilities. Vermont, the only state to build a statewide system of mental health services and supports, has integrated these services into the early child-serving system to promote the well-being of young children. The city of San Francisco has pooled more than $2 million to provide mental health consultation services to more than 50 child care centers and more than 100 family child care homes. These represent a few of the examples of programs that promote both the social-emotional and cognitive development of young children.

If we continue as a nation to commit ourselves to meeting the social and emotional needs of young children, those children will be more successful in school and in life. Some of these children will avoid costly and more intensive remedial services at a later age, and they will be better able to mature into productive adults and ultimately nurture their own children.

> IF WE CONTINUE AS A NATION *to commit ourselves to meeting the social and emotional needs of young children, those children will be more successful in school and in life.*



IMPLICATIONS FOR POLICY AND PRACTICE

The final paper outlines a policy agenda for enhancing school readiness built on the recognition that success is determined by social, emotional and cognitive competencies in young children.

PROMOTING SOCIAL-EMOTIONAL READINESS FOR SCHOOL: TOWARD A POLICY AGENDA

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Despite the extensive knowledge about how early relationships set the stage for later academic achievement, it can be challenging to find easy language to explain the importance of social-emotional development and mental health of young children to the general public and policymakers. ***In addition, very few policies provide direction or resources for linking social-emotional development with later cognitive development.***

From a broad policy perspective, the first line of defense in promoting emotional health and school readiness in young children is ensuring that their families are economically secure and able to access basic supports (including food, health care, housing and transportation) for themselves and their children. Equally important is access to high-quality early care and learning experiences. But for some children, this will not be enough.

FROM A BROAD POLICY PERSPECTIVE, *the first line of defense in promoting emotional health and school readiness in young children is ensuring that their families are economically secure and able to access basic supports (including food, health care, housing and transportation) for themselves and their children.*

Given the current economic environment at the federal and state levels, most of the policies that do exist are under-funded and do not provide resources necessary to implement the practices that science has shown lead to both positive social-emotional development and later school success. However, there is an opportunity to build on the federal agenda on school readiness. The Foundations for Learning Act introduced by Congress is intended to prevent school failure and provides for some social-emotional services for young children and families. ***The characteristics of policies that promote the well-being of children socially, emotionally and cognitively include:***

- Enhancing the well-being of all children, particularly those at highest risk;
- Helping parents become more effective nurturers of their children;

- Expanding the competencies of other caregivers and teachers to manage and prevent social and behavioral problems; and
- Ensuring that more seriously troubled children and families receive appropriate services.

CONCLUSION AND RECOMMENDATIONS

School readiness and success are both a "developmental process and an outcome." This understanding underscores the importance of using the school readiness framework to invest not just in strategies for preschoolers, but also consider the needs of infants and toddlers, particularly the most vulnerable. ***The time is right to build on the knowledge base and current initiatives targeting school readiness and success for young children and families.*** In order to accomplish these goals, the following recommendations are made:

- Social-emotional development and academic achievement are not separate priorities, rather they must be understood as representing the continuum of development that is needed for children to grow up healthy and succeed in school.
- The knowledge base linking social, emotional and cognitive development exists but needs to be more broadly disseminated to parents, teachers, caregivers and policymakers in order for public investment to be made in programs and practices proven to help young children succeed in school.
- Programs need to provide training and education to promote social-emotional development and the importance of strong relationships between young children and their families, their teachers and their caregivers if young children are to succeed without the need for costly interventions in special education or juvenile justice.
- Mental health services offered to children and families in familiar, trusted, non-threatening community-based settings such as child care, schools, community centers can be a prevention opportunity to help promote strong social-emotional and cognitive development as well as an intervention service to those children and families at risk for developing delays or serious problems that will deter later achievement and success.
- Policies that enhance the social, emotional and cognitive well-being of infants, toddlers, preschoolers and their families must be a priority and receive appropriate public investment in order to achieve the goal of children entering school ready to learn and succeed.

A balanced approach to school readiness suggests that it is not a matter of choosing between promoting social-emotional development or literacy and academic achievement. Rather, helping children and families be successful at kindergarten entry and throughout school requires that programs and policies address the social, emotional and cognitive abilities of all children (particularly those most at risk, given certain economic, cultural or ethnic conditions).

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